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FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN)

FULL NAME Roslyn Scott Moore Registered No. _____
Place of Death* } Winthrop Mass St. Date of Death } Jan 3 1907
Residence 18 Hermit St Age 51 years 1 months 19 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
MAIDEN NAME† Roslyn Scott Laskey
HUSBAND'S NAME‡ Forest F. Moore
BIRTHPLACE§ Robinston Me.
NAME OF FATHER Charles A Laskey
BIRTHPLACE OF FATHER‡ St. Johns N.B.
MAIDEN NAME OF MOTHER Lucy E. Bean
BIRTHPLACE OF MOTHER‡ Maine
OCCUPATION Housewife
INFORMANT§ Violet Moore

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 12 1906 to Jan 3 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows
Primary: Tuberculosis of neck

(DURATION) 8 years
Contributory: _____
(DURATION) _____ DAYS
(Signed) B. M. Metcalf M.D.
Jan 3 1907 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
How long at Place of Death? 3 weeks years _____ months _____ days _____
Where was disease contracted, if not at place of death? Not known

Filed _____ 1907 _____ Clerk

PLACE OF BURIAL OR REMOVAL|| Garden Cemetery DATE OF BURIAL Jan 5 1907
UNDERTAKER J. W. Sprague ADDRESS 120 Meridian St

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

No 1 -
Oshyo Left Here
Jan 3. 1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME

Emanuel Collyer

Registered No.

469

Place of
Death*

133 Chestnut

Date of
Death

1/4

190

Residence

" " "

Age

69

years

8 months

3

days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Lyme Regis

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡

Lyme Regis

MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 2 1907 to Jan 4 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Congestion of Lungs

Contributory: Mitral Insufficiency

(Signed) H. J. Porter M.D.

Jan 6 1907 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death? years months daysWhere was disease contracted,
If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 2

Samuel Butler

Jan 4, 1907

COMMONWEALTH OF MASSACHUSETTS

CITY OF SOMERVILLE



RETURN OF A DEATH

FULL NAME Phoebe Ann Munday Registered No. 34
 Place of Death 60 Fallsway West, Somerville, Mass. Date of Death Jan. 13, 1907
 Place of Residence Winthrop, Mass. Age 76 years 4 months 14 days
 (No.) (Street) (Town or City and State)

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
MAIDEN NAME <u>If a married or divorced woman, or widow</u> <u>Tiney</u>		
HUSBAND'S FULL NAME <u>William Henry Munday</u>		
BIRTHPLACE <u>Give state or country; also city, town, or county, if known</u> <u>Shapleigh, Me.</u>		
NAME OF FATHER <u>John Eaton Tiney</u>		
BIRTHPLACE OF FATHER <u>Give state or country; also city, town, or county, if known</u> <u>Shapleigh, Me.</u>		
MAIDEN NAME OF MOTHER <u>Elize Jane Abbott</u>		
BIRTHPLACE OF MOTHER <u>Give state or country; also city, town, or county, if known</u> <u>Shapleigh, Me.</u>		
OCCUPATION <u>None</u>		
INFORMANT'S NAME <u>Person giving statistical details</u> <u>Mr. W. F. Munday</u>		
ADDRESS <u>Winthrop, Mass.</u> (No.) (Street) (Town or City)		
PLACE OF BURIAL OR REMOVAL <u>Topsfield</u> (Cemetery) <u>Mass.</u> (Town or City, and State)	DATE OF BURIAL <u>Jan. 16, 1907</u>	
UNDERTAKER'S NAME <u>John Bryants' Sons</u>		
ADDRESS <u>353 Medford</u> (No.) (Street) (Town or City)		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 13, 1907 to Jan. 13, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: Lobular pneumonia

(DURATION) 5 DAYS

Contributory: Cardiac failure

(DURATION) 1 DAYS

(Signed) Wm. F. Patterson M.D.

(Address) 401 Main St., Charlestown
 (No.) (Street) (Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Previous Residence

How long at

Place of Death? .. Years, .. Months, .. Days

Where was disease contracted, if not at place of death?

Received
Jan. 15, 1907. Wm. P. Mitchell
 Agent of Board of Health, appointed to issue burial permits

Filed
Jan. 17, 1907. Frederic W. Cook
 City Clerk

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

2

Phoebe Ann Munday

Jan 13, 1907

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME Charles E. Vose Registered No. 469
 Place of Death* } 27 Cottage Park Road Date of Death } Jan 14 1907
 Residence Wentworth Age 59 years 4 months 10 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 14th 1907 to Jan 14th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bright's DiseaseContributory: 1(Signed) A. B. Norman M.D.Jan 15th 1907 (Address) Wentworth, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 1 years 0 months 0 daysWhere was disease contracted, if not at place of death?

Filed

1907

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 3

Charles E. Vose,

Jan 14, 1907

CITY OF
BOSTON.

RETURN OF A DEATH—1907.

FULL NAME Jennette C Maringhi Registered No. 496Place of Death } Boston
and Residence } Mass Gen HospitalDate of Death Jan 15 1907. Age 3 years 5 months 5 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID, DIV.

F W S

Maiden Name

Husband's Name

Birthplace Winthrop MassName of
Father TonyBirthplace
of Father ItalyMaiden Name
of Mother Margaret CeffaloBirthplace
of Mother Italy

Occupation

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1907, to 1907,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Marasmus 3 mos
(Duration)Contributory: } Improper Food 3 mos
(Duration)(Signed) N H Clark M.D.Jan 15 1907.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal R C Cem Old Cambridge MassUsual Residence 295 Shirley St WinthropUndertaker Sumner FloydFiled Jan 17 1907.A true copy.
Attest:E W M Glenen

Registrar.

Janette C. Marzocchi
Jan 15, 1907

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Carlton Reed Hanks Registered No. _____
 Place of Death* } 52 Bartlett~~xx~~ Road Date of Death } Jan 19 1907
 Residence " " " Age 25 years 8 months 9 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Wellesley Mass</u>		
NAME OF FATHER <u>Herbert Wilber Hanks</u>		
BIRTHPLACE OF FATHER ‡ <u>Birmingham Conn</u>		
MAIDEN NAME OF MOTHER <u>Mary Gertrude Standish</u>		
BIRTHPLACE OF MOTHER ‡ <u>Colchester Conn</u>		
OCCUPATION <u>Electrician</u>		
INFORMANT § <u>Father</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 13 1907 to Jan 19th 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Diabetes

(DURATION) 3 yrs DAYS
 Contributory: Diabetes
 (DURATION) 3 wks DAYS
 (Signed) 31 Medical M.D.
Jan 21 1907 (Address) Wentworth Man

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed 190..... Clerk

PLACE OF BURIAL OR REMOVAL <u>Wentworth Cemetery</u>	DATE OF BURIAL <u>1/22</u> 190 <u>7</u>
UNDERTAKER <u>J. D. Dennis</u>	ADDRESS <u>Lyons Mass</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

1007

Easton Reed Hawks

Jan 19, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *George S. Colley* Date of Death, *January 23rd 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *7* Years, *7* Months, *7* Days. Occupation, *Summer Gloyd*

Residence, *Winthrop Mass* Ward, *1*

Place of Death, *Metcalf Hospital Winthrop Street*
(State year, month and day.)

Place of Birth, *Winthrop Mass* Date of Birth, *January 16th 1907*

Name and Birthplace of Father, *George S. Colley - Portland Maine*

Maiden Name and Birthplace of Mother, *Louise S. Cole - Nova Scotia*

Place of Interment, *Winthrop Cemetery (Imperial Deposit Re Point)*
Summer Gloyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Jan 23* 190*7*

Name and Age of Deceased, *George S. Colley* Age, *7* years.

I hereby certify that I attended deceased from *Jan 16th* 190*7*, to *Jan 23rd* 190*7* that I last saw *him* alive on the *23* day of *Jan* 190*7* that *he* died on the *23* day of *Jan* 190*7*, about *3 am* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Premature birth*
 Contributing cause, *me muth*

Duration { Chief Cause, *me muth*
 Contributing cause, *me muth*

W. H. M. D. M. D.

* If an Institution, state how long an inmate and previous residence.

1150
George D. Kotley,
Jan 23, 1907



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *William B Simmons* Registered No. _____
Place of Death *No 213 Lincoln St Winthrop Mass* Date of Death *Jan 24th* 1907
Residence *Winthrop Mass* Age *65* years *1* months *23* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

East Boston Mass.

NAME OF FATHER

Henry Simmons

BIRTHPLACE OF FATHER ‡ _____

Scituate Mass.

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡ _____

Unknown

OCCUPATION

Carpenter

INFORMANT § _____

Lucy M Simmons

PLACE OF BURIAL OR REMOVAL || _____

Woodlawn Cemetery

DATE OF BURIAL * _____

Jan 27th 1907

UNDERTAKER

J H Sprague

ADDRESS

120 Meridian St Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 1906* to *Jan 24 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Valvular heart disease*

(DURATION) *1 Year* DAYS
Contributory: *to remote ataxia*

(Signed) *B J Buttery* M.D.
Jan 25 1907 Address: *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1907 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

1186
William B. Duimars
Jan 24, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Winthrop
 Name in full, *Edward Stevens* Date of Death, *Jan 27 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *69* Years, *4* Months, *15* Days. Occupation,

Residence, * *Winthrop Mass* Ward, *.....*

Place of Death, *241 Shirley Street*

Place of Birth, *Royalton VT* Date of Birth, *Sept 12 1836*
(State, year, month and day.)

Name and Birthplace of Father, *Edward P. Stevens = Boston Mass*

Maiden Name and Birthplace of Mother, *Julia W. = Reading Mass*

Place of Interment, *Winthrop Cemetery Winthrop Mass*
Sumner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Jan 27 1907.
 Name and Age of Deceased, *Edward C. Stevens* Age, *69* years.

I hereby certify that I attended deceased from *Dec 8 1906*, to *Jan 27 1907*, that I last saw *him* alive on the *27* day of *Jan* 1907, that *he* died on the *27* day of *Jan* 1907, about *11:30* o'clock

A.M. or *P.M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease { Chief cause, *Chronic Heart Disease*
 Contributing cause, *Grippe*

Duration { Chief Cause, *Several years*
 Contributing cause, *Two weeks*

J. Johnson M. D.

No 7

Leavitt, Henry
Jan. 27. 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *Jan 28* 190*7*.

Name in full, *Mary Pendegast*
McCaferly (If married or divorced woman give maiden name, also name of husband.) *Nicholas*

Sex, *Female* Color, *White* Condition, *Widow*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *88* Years, *-* Months, *-* Days. Occupation, *House wife*

Residence, *355 Winthrop St.* Ward, *-*

Place of Death, *Winthrop, Mass.* (State year, month and day.)

Place of Birth, *Ireland* Date of Birth, *-*

Name and Birthplace of Father, *John W. McCaferly* *Ireland*

Maiden Name and Birthplace of Mother, *Sarah O'Brien* *"*

Place of Interment, *Holy Cross, Cam*
Frank J. Maloney,
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, *Jan. 28* 190*7*.

Name and Age of Deceased, *Mary Pendegast* Age, *88* years.

I hereby certify that I attended deceased from *190* , to *190* , that I last saw *-* alive on the *-* day of *-* 190 , that *-* died on the *-* day of *-* 190 , about *-* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Pneumonia*
 Contributing cause, *-*

Duration { Chief Cause, *2 days*
 Contributing cause, *-*

B. J. Mutealy M. D.

1608

Mary Cundergast
Jan 28, 1907

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Date of Death, January 30th 1907
Name in full, Dr Edwin H. Daniels

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 69 Years, 1 Month, 9 Days. Occupation, Dentist

Residence, Winthrop Mass Ward,

Place of Death, Byron Street Point Shirley

Place of Birth, Chester Conn Date of Birth, Dec 21st 1837

Name and Birthplace of Father, Henry J. Daniels

Maiden Name and Birthplace of Mother, Felinda Atwood

Place of Interment, Temporary Deposit Rec. Tomb
Dunbar Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, January 31st 1907.
Name and Age of Deceased, Dr Edwin H. Daniels Age, 69 years. No 90I hereby certify that I attended deceased from Jan. 29th 1907, to
1907, that I last saw him alive on the 29th day of Jan. 1907,
that he died on the 30th day of Jan. 1907, about 6 o'clock
A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death
was as follows:Disease { Chief cause, La Grippe, Bronchitis.
Contributing cause, Age and general weakness.Duration { Chief Cause,
Contributing cause,

A. B. Sorman M. D.

No 7

Mr. Edwin H. Hauke,
Jan 30, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

Worcester
 FULL NAME Lucy A. Russell Registered No. _____
 Place of Death* Metcalfe Hospital Date of Death FEB 3 1907
 Residence # 1 Summer St Age 31 years 5 months 24 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † Lucy A. AikensHUSBAND'S NAME † Fred. W. RussellBIRTHPLACE ‡ Springfield MassNAME OF FATHER Thomas Benton AikensBIRTHPLACE OF FATHER ‡ Barnard VermontMAIDEN NAME OF MOTHER Frances A. JonesBIRTHPLACE OF MOTHER ‡ Brookfield MassOCCUPATION HousewifeINFORMANT § Hubert EPLACE OF BURIAL OR REMOVAL || Riverside Cemetery
Sunderland MassDATE OF BURIAL 2/6 1907UNDERTAKER J. H. L. SmithADDRESS Spring Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 29 1907 to Feb. 3 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: In Grippe
 (DURATION) _____ DAYS

Contributory: Pneumonic
 (DURATION) 5 DAYS

(Signed) B. J. Mitchell M.D.
 1907 (Address) Metcalfe Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months 2 days

Where was disease contracted, If not at place of death? 1 Summer Street

Filed Mar 6 1907 Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

10
Lucy A. Russell
Feb 3, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Stoneham

(CITY OR TOWN.)

FULL NAME Henry J. VinalRegistered No. 14Place of Death* New England Sanitarium, Stoneham, Mass.Date of Death Feb. 4, 1907 190Residence Winthrop, Mass.Age 57 years — months — days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Quincy, Mass.

NAME OF FATHER

Howard Vinal

BIRTHPLACE OF FATHER ‡

Scituate, Mass.

MAIDEN NAME OF MOTHER

Clariss Wentworth

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

Shoe Manufacturer.

INFORMANT §

A.H. Vinal

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 26 1907 to Feb. 4, 1907 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of BowelTwo years. (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) M. E. Nicola M. D.Feb. 4 1907 (Address) Melrose, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

Feb. 4 1907 George N. Green Clerk

PLACE OF BURIAL OR REMOVAL †

Waterman & Son
Boston, Mass.

DATE OF BURIAL

Feb. 4 1907

UNDERTAKER

Mr. & Mrs. P. T. Churchill

ADDRESS

Melrose, Mass.

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‡ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

✓
Henry J. Vail
Feb. 4, 1907

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *February 16th 1907*Name in full, *Florence M. Pherson*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *73* Years, *—* Months, *—* Days. Occupation, *—*Residence, *Winthrop Mass* Ward, *—*Place of Death, *21, Thornton Street*
(State year, month and day.)Place of Birth, *P. E. Island* Date of Birth, *—*Name and Birthplace of Father, *Archibald M. Pherson - Scotland*Maiden Name and Birthplace of Mother, *Mary M. Leed - Scotland*Place of Interment, *Cambridge Cemetery Cambridge Mass*
Samuel Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop, Boston, February 16th 1907.*
Florence M. Pherson Age, *73* years.I hereby certify that I attended deceased from *Jan 24* 1907, to *Jan 24* 1907,
that I last saw *her* alive on the *24* day of *January* 1907,
that *she* died on the *16th* day of *February* 1907, about *am* o'clock
A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death
was as follows:Disease { Chief cause, *Cancer of uterus*
Contributing cause, *—*Duration { Chief Cause, *5 years*
Contributing cause, *—**Bismutcal*

M. D.

No 11
Flora McPherson

Feb 16, 1907

Permit No.

RETURN OF DEATH.*Wintrop* **BOSTON, MASS.**Date of Death, *Feb. 22 '1907.*
Name in full, *Nathaniel T. Morham.*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M.* Color, *W.* Condition, *M.*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *83* Years, *7* Months, *8* Days. Occupation, *Retired*Residence, *So. Hamble Mass.* Ward,Place of Death, *760 Bowdoin So. Wintrop Mass.*
(State, year, month and day.)Place of Birth, *So. Hamble Mass.* Date of Birth, *July 14 '1823.*Name and Birthplace of Father, *Joseph Yarnall Mass.*Maiden Name and Birthplace of Mother, *Fannie Trapp Mass.*Place of Interment, *So. Hamble Mass.**B. G. Brown.*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Feb 22nd* 190*7.*
Name and Age of Deceased, *Nathaniel T. Morham* Age, *83* years.I hereby certify that I attended deceased from *Feb 18* 190*7*, to *Feb 22nd* 190*7*, that I last saw *him* alive on the *Feb 22nd* day of *Feb* 190*7*, that *he* died on the *22nd* day of *February* 190*7*, about *12* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Pneumonia*
Contributing cause, *old age*Duration { Chief Cause, *4 days*
Contributing cause, *85 yrs**B. J. Metcalf*

M. D.

Openington

Feb 24, 1906

COMMONWEALTH OF MASSACHUSETTS

CITY OF SOMERVILLE



RETURN OF A DEATH

FULL NAME Mary M. Bucknam Registered No. 154
 Place of Death { 67 Beech Street, Somerville, Mass. Date of Death Feb. 25, 1907
 Place of Residence { Winthrop, Mass. Age 78 years 8 months 7 days
 (No.) (Street) (Town or City and State)

STATISTICAL DETAILS

SEX Female	COLOR White	SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
MAIDEN NAME <i>If a married or divorced woman, or widow</i> Mary M. Metz		
HUSBAND'S FULL NAME James Bucknam		
BIRTHPLACE <i>Give state or country; also city, town, or county, if known</i> Unknown		
NAME OF FATHER Clifford Metz		
BIRTHPLACE OF FATHER <i>Give state or country; also city, town, or county, if known</i> Pennsylvania		
MAIDEN NAME OF MOTHER Sarah Hutchins		
BIRTHPLACE OF MOTHER <i>Give state or country; also city, town, or county, if known</i> Kittery, Maine		
OCCUPATION		

INFORMANT'S NAME *Person giving statistical details*
Annie J. Stone, Daughter
 ADDRESS
31 Hawthorne Avenue, Winthrop
 (No.) (Street) (Town or City)

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
 (Cemetery) Feb. 26, 1907
Brockton, Mass.
 (Town or City, and State)

UNDERTAKER'S NAME
Sumner Floyd
 ADDRESS
145 Herman St., Winthrop, Mass.
 (No.) (Street) (Town or City)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 1, 1907 to Feb. 24, 1907 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: Aortic Regurgitation

(DURATION) DAY

Contributory:

(DURATION) DAY

(Signed) Joseph F. Grainger M.D.

(Address) 440 Cambridge St., Cambridge
 (No.) (Street) (Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Previous Residence
 How long at
 Place of Death? Years, Months, Days

Where was disease contracted,
 if not at place of death?

Received
Feb. 26, 1907. Wm. P. Mitchell
 Agent of Board of Health, appointed to issue burial permits

Filed
Feb. 26, 1907. Frederic H. C.
 City Clerk

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

5
Mary M. Buckner
Feb - 24, 1907

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME William Lane. Registered No. _____
 Place of Death* } Winthrop Mass. Date of }
Cor. Beach Road + Myrtle Ave Death } 190
 Residence _____ Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Winthrop Mass</u>		
NAME OF FATHER <u>John H.</u>		
BIRTHPLACE OF FATHER ‡ <u>Boston Mass</u>		
MAIDEN NAME OF MOTHER <u>Annie G. Wilson</u>		
BIRTHPLACE OF MOTHER ‡ <u>Boston</u>		
OCCUPATION		
INFORMANT § <u>John H. Lane</u>		
PLACE OF BURIAL OR REMOVAL <u>Holy Cross Cem</u>	DATE OF BURIAL <u>Feb-28</u> 190 <u>7</u>	
UNDERTAKER <u>Thos. J. Lane Jr.</u>	ADDRESS <u>120 Haver St</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 27 1907 to Feb 27 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

(DURATION) 8 hours DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. Mel M.D.

Feb 27 1907 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

1907 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 13

William Law

Feb 27.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *Elizabeth Southworth* Date of Death, *Mar. 8 1907.*
Ferry — *Ferry St.*
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, *F.* Color, *W.* Condition, *W.*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *77* Years, *7* Months, *—* Days. Occupation, *At home.*
 Residence, * *75 Chester Ave.* Ward, *—*
 Place of Death, *75 Chester Ave. Wintrop*
 (State year, month and day.)
 Place of Birth, *Barnet Vt.* Date of Birth, *Aug. 8 1829.*
 Name and Birthplace } *Ferry unknown.*
 of Father, }
 Maiden Name and } *unknown.*
 Birthplace of Mother, }
 Place of Interment, *Raynham Mass.*
E. J. Brown.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *March 9* 190*7.*
 Name and Age } *Elizabeth Southworth* Age, *77* years.
 of Deceased, }

I hereby certify that I attended deceased from *—* 190*—*, to *—* 190*—*,
 that I last saw *—* alive on the *—* day of *—* 190*—*,
 that *—* died on the *8* day of *March* 190*7*, about *—* o'clock
 A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death
 was as follows:

Disease { Chief cause, *old age.*
 Contributing cause, *—*

Duration { Chief Cause, *—*
 Contributing cause, *—*

B. H. Metcalf
 M. D.

* If an Institution, state how long an inmate and previous residence.

Delia with Sam Houston
Mar 8, 1907

RETURN OF DEATH.**BOSTON, MASS.**

Wintthrop
 Date of Death, *March 11 1907*
 Name in full, *Harriet Leeksbury*
Philip Leeksbury
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, *Female* Color, *White* Condition, *Widow*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *76* Years, *9* Months, *29* Days. Occupation, _____
 Residence, *Wintthrop, Mass* Ward, _____
 Place of Death, *Pleasant Avenue off Pleasant Street*
 (State year, month and day.)
 Place of Birth, *Moultonborough N.H.* Date of Birth, *May 13 1830*
 Name and Birthplace of Father, *John Richardson - Moultonborough N.H.*
 Maiden Name and Birthplace of Mother, *Elizabeth Burbank - Newfield Me*
 Place of Interment, *Wintthrop Cemetery, Wintthrop, Mass*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *Boston*, *March 12* 1907.
 Name and Age of Deceased, *Harriet Leeksbury*, Age, *76* years.

I hereby certify that I attended deceased from *Jan 3* 1907, to *March 12* 1907, that I last saw *her* alive on the *11* day of *March* 1907, that *she* died on the *11* day of *March* 1907, about *10.30* o'clock *A.M.*, or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Carcinoma of Breast*
 Contributing cause, _____

Duration { Chief Cause, *About 3 yrs.*
 Contributing cause, _____

*If an institution, state how long an inmate and previous residence.

Harriet Lempke (2d)

Mar 11, 1904

relative
in fact

174,3

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)FULL NAME *Alice S. Day* Registered No.Place of Death * } *62 Cottage ave Winthrop Mass* Date of Death } *Mar 12* 190*7*Residence *Lowell Mass* Age *61* years *10* months *7* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*MAIDEN NAME † *Alice S. Harmon*HUSBAND'S NAME † *Chas. Day*BIRTHPLACE ‡ *Brunswick Me*NAME OF FATHER *Arthur Harmon*BIRTHPLACE OF FATHER ‡ *Scarbow Me*MAIDEN NAME OF MOTHER *Martha R. Smith*BIRTHPLACE OF MOTHER ‡ *Lisbourn Me*

OCCUPATION

INFORMANT § *Refused*PLACE OF BURIAL OR REMOVAL || *Lowell Mass*DATE OF BURIAL *Mar 14* 190*7*UNDERTAKER *J. D. Dennis*ADDRESS *Lowell Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Mar 1* 190*7* to *Mar 12* 190*7*; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Bright's Disease*Contributory: *Unseen (DURATION) DAYS*
Mitral Insufficiency(Signed) *W. H. Porter* M.D.*Mar 13* 190*7* (Address) *Winthrop, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed

..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 17

Alice S. Day

Mar 12. 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Annie Elvira Robertson Registered No.Place of Death* } 41 Temple Ave. Date of Death } Mar. 13 1907Residence " " Age 74 years.....months.....days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME† Annie ElviraHUSBAND'S NAME† William RobertsonBIRTHPLACE‡ Newport EnglandNAME OF FATHER William ElviraBIRTHPLACE OF FATHER‡ EnglandMAIDEN NAME OF MOTHER Elisabeth SmithBIRTHPLACE OF MOTHER‡ EnglandOCCUPATION None.INFORMANT§ Slaughter Mrs B. W. StratfordPLACE OF BURIAL OR REMOVAL|| Newburg N.Y.DATE OF BURIAL March 15 1907UNDERTAKER 1124 BroadwayADDRESS Chelsea Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 7 1907 to March 13 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Cerebral Hemorrhage(DURATION) 10 DAYSContributory: Intestinal Neoplasm(DURATION) — DAYS(Signed) H. J. Porter M.D.March 12 1907 (Address) Wentworth, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, If not at place of death?

Filed

.....190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 18 —

Anne Marie Robertson
Mar 12, 1907

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *March 13th 1907*Name in full, *Rebecca Copley (Crosley)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *76* Years, ~ Months, ~ Days. Occupation, ~Residence, * *Winthrop Mass* Ward, ~Place of Death, *70 Somerset Ave Winthrop Mass*
(State year, month and day.)Place of Birth, *Amherst* Date of Birth, *April 15*Name and Birthplace of Father, } *Unknown England*Maiden Name and Birthplace of Mother, } *Unknown England*Place of Interment, *Winthrop Copley**Superior Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, March 13th 1907.*Name and Age of Deceased, } *Rebecca Copley* Age, *76* years.I hereby certify that I attended deceased from *Jan 5th 1906*, to *March 12*
1907, that I last saw *her* alive on the *12th* day of *Mar* *1907*,
that *she* died on the *13* day of *Mar* *1907*, about *3.30* o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *her* death
was as follows:Disease { Chief cause, *Cerebral hemorrhage*
Contributing cause, *Arterio sclerosis*Duration { Chief Cause, *2 years (about)*
Contributing cause, *3 days**Norman J. Soule* M. D.

Rebecca Gregory
Mar 13, 1907

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *Mar 13* 1907Name in full, *Mary Louise Doherty*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *11* Years, *—* Months, *—* Days. Occupation, *School Girl*Residence, * *22 Woodside Ave* Ward, *—*Place of Death, *Winthrop, Mass.*
(State year, month and day.)Place of Birth, *Canada* Date of Birth, *—*Name and Birthplace of Father, *John F. Egan Boston*Maiden Name and Birthplace of Mother, *Mary E. Lockwood, Marlborough*Place of Interment, *St. John Cross, Brookline*
Frank J. Maloney
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~*Boston*~~ *Mar 14* 1907Name and Age of Deceased, *Mary Louise Doherty* Age, *11* years.I hereby certify that I attended deceased from *1905* to *Mar 13* 1907, that I last saw *her* alive on the *12th* day of *Mar* 1907, that *she* died on the *13* day of *Mar* 1907, about *—* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Tuberculosis of lungs & lungs*
Contributing cause, *—*Duration { Chief Cause, *2 yrs*
Contributing cause, *—**W. J. Maloney* M. D.

10000
Mary Louise Shady
Mar 13, 1907

Permit No. _____

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *March 15th 1907*Name in full, *Priscilla Allen Griffin*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *1* Years, *6* Months, *10* Days. Occupation, _____Residence,* *Winthrop Mass* Ward, _____Place of Death, *19 Sargent Street*Place of Birth, " " " Date of Birth, *Sept 5th 1905*
(State year, month and day.)Name and Birthplace of Father, *S. Emanuel Griffin = Winthrop Mass*Maiden Name and Birthplace of Mother, *Ellie Floyd Griffin = Winthrop Mass*Place of Interment, *Winthrop Cemetery Winthrop Mass**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, March 17 1907.*
Name and Age of Deceased, } *Priscilla Allen Griffin Age, 1 1/2 years.*I hereby certify that I attended deceased from *Mar 10 1907*, to *Mar 15 1907*, that I last saw *her* alive on the *15* day of *Mar* 1907, that *she* died on the *15* day of *Mar* 1907, about *7:40* o'clock*A.M.* or *P.M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Double Pneumonia*
Contributing cause, _____Duration { Chief Cause, *5 day*
Contributing cause, _____*J. E. Johnson* M. D.

1502
Piscila Allen Bupp
Mar 15, 1907

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, March 17th 1907

Name in full, Warren Belcher

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Widower
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced)

Age, 81 Years, 9 Months, 14 Days. Occupation, W.B. Patmaster

Residence, Winthrop Mass Ward,

Place of Death, 159 Winthrop Street

Place of Birth, Winthrop Mass Date of Birth, June 3rd 1825
(State year, month and day.)

Name and Birthplace of Father, Joseph Belcher = Chelsea Mass

Maiden Name and Birthplace of Mother, Nancy Belcher = Chelsea Mass

Place of Interment, Winthrop Cemetery Winthrop Mass
Dumpey Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, March 18th 1907.
Name and Age of Deceased, Warren Belcher Age, 81 years.I hereby certify that I attended deceased from Feb. 11th 1907, to March 17th 1907, that I last saw him alive on the 17th day of March 1907, that he died on the 17th day of March 1907, about 11 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Age
Contributing cause, Fracture of Neck of Femur. ErysipelsDuration { Chief Cause,
Contributing cause,

A. B. Dorman M. D.

James DeLoach
Jan 17, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Letta Bon* Registered No. _____
 Place of } *297 Shirley St Winthrop* Date of } *Mar 17* 190 *7*
 Death* } _____ Death } _____
 Residence *297 Shirley St* Age *X* years *X* months *X* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>Colored</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>unknown</i>		
BIRTHPLACE OF FATHER ‡ <i>unknown</i>		
MAIDEN NAME OF MOTHER <i>Ostena Lewis</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston</i>		
OCCUPATION _____		
INFORMANT § <i>Mother</i>		
PLACE OF BURIAL OR REMOVAL <i>Winthrop Cemetery</i>	DATE OF BURIAL _____ 190 _____	
UNDERTAKER <i>C. D. Dennis of Lynn</i>	ADDRESS _____	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Mar 17th* 190 *7* to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Still born male infant*

(DURATION) _____ DAYS
 Contributory: _____

(DURATION) _____ DAYS
 (Signed) *Edward F. Page* M.D.
March 26 190 *7* (Address) *56 Winthrop St. Boston*
Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
 Place of Death? _____ years _____ months _____ days
 Where was disease contracted,
 If not at place of death? _____

Filed _____
 _____ 190 _____
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No ~~30~~³³ Lewis

Mar 17, 1907

CITY OF
BOSTON.

RETURN OF A DEATH—1907.

FULL NAME..... Susan A Haslam..... Registered No..... 2969

Place of Death } Boston Boston Insane Hospital
and Residence }

Date of Death..... Mar 27..... 1907. Age 38..... years..... months..... days.

STATISTICAL DETAILS.

SEX..... COLOR..... SINGLE, MARRIED, WID, DIV.

F..... W..... M.....

Maiden Name..... Gillooly

Husband's Name..... Samuel J

Birthplace..... Bedford Mass

Name of
Father..... BernardBirthplace
of Father..... IrelandMaiden Name
of Mother..... Margaret DoyleBirthplace
of Mother..... Ireland

Occupation..... Housewife

Informant.....

Place of Burial
or removal..... St Bernard's Concord Mass

Undertaker..... F S Maloney

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from..... 1907, to..... 1907,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Gen Paresis 1 yr
(Duration)Contributory: }
(Duration)

(Signed)..... S W Crittenden..... M.D.

Mar 27 1907

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.

Usual Residence..... 181 Shirley St Winthrop

Filed..... Mar 30..... 1907

A true copy.

Attest:

EWM Glenen

Registrar.

6

Susan C. Heaslawn

Mar 27, 1907.

Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, April 1, 07

Name in full, Infant Mary

(If married or divorced woman give maiden name, also name of husband.)

Sex, male Color, white Condition, (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, —

Residence,* — Ward, —

Place of Death, Metcalf Hospital

Place of Birth, Winthrop Date of Birth, April 1, 07

Name and Birthplace of Father, Louis A. Merry Somerville Mass

Maiden Name and Birthplace of Mother, Rose Corlran Boston "

Place of Interment, Mt Auburn Cem Cambridge Mass

Wm A. Lockhart Camb. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, April 2, 1907.

Name and Age of Deceased, Stillborn Age, years.

I hereby certify that I attended deceased from 190 , to 190 , that I last saw alive on the day of 190 , that died on the day of 190 , about o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, Still born Contributing cause,

Duration { Chief Cause, Contributing cause,

W. J. Porter M. D.

* If an Institution, state how long an inmate and previous residence.

Received 1.1989-

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *April 5th 1907*Name in full, *Premature Birth**Child**Hugh W Roberts Jr*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*Condition, *—*(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *—* Years, *—* Months, *—* Days.Occupation, *—*Residence, * *26 Sea Foam Ave*Ward, *—*Place of Death, *" " " "*

(State year, month and day.)

Place of Birth, *" " " "*Date of Birth, *April 5*Name and Birthplace
of Father, *Hugh W. Roberts Jr = England*Maiden Name and
Birthplace of Mother, *Minnie T. Lummington = Boston*Place of Interment, *Winthrop Cemetery Winthrop Mass**Summer Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.*Winthrop Boston April 5th 1907.*Name and Age
of Deceased, *Premature Birth**Robert Jr* Age, *—* years.I hereby certify that I attended deceased from on *Apr 5* 1907, to on *Apr 5*1907, that I last saw *her* alive on the *5th* day of *April* 1907,that *she* died on the *5th* day of *April* 1907, about *10* o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *her* death
was as follows:Disease { Chief cause, *Premature child being only 6 1/2 months*
Contributing cause, *Insufficient development to live*Duration { Chief Cause, *Premature birth*
Contributing cause, *Insufficient development to live**E. F. Gage*

M. D.

No 25
Robert

April 5, 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Charles - Taft Aldrich Registered No. _____
 Place of Death* } 93 Grover Ave Winsted Mass Date of Death } April 6 1907
 Residence Winsted Age 61 years 11 months 24 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Millbury Mass

NAME OF FATHER

Chas Aldrich

BIRTHPLACE OF FATHER ‡

Providence R. I.

MAIDEN NAME OF MOTHER

Abigail Taft

BIRTHPLACE OF MOTHER ‡

Providence R. I.

OCCUPATION

Retired

INFORMANT §

Wife Mrs Chas. Aldrich

PLACE OF BURIAL OR REMOVAL ||

Southboro Mass

DATE OF BURIAL

April 9th 1907

UNDERTAKER

J. D. Dennis

ADDRESS

Lyons

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3rd 1906 to April 6 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Diabetes(DURATION) 9 yrs DAYS

Contributory:

Long ground pit(DURATION) 8 mos DAYS

(Signed)

B. J. Metcalf

M.D.

at 8 1907 (Address) 100 Winsted St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

1907

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

(No. 21)

Charles Laff Alarich
April 6, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *Charles E. Abbott* Date of Death, *April 7th 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *49* Years, *0* Months, *0* Days. Occupation, *Farmer*

Residence, *Ossipee N. H.* Ward, *0*

Place of Death, *52, Bowdoin Street Wintthrop, Mass*
(State year, month and day.)

Place of Birth, *Ossipee N. H.* Date of Birth, *Nov 2nd 1857*

Name and Birthplace of Father, *Salomon Abbott - Ossipee N. H.*

Maiden Name and Birthplace of Mother, *Emily J. Lewis - Ossipee N. H.*

Place of Interment, *Ossipee New Hampshire*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *Boston*, *April* *1907*

Name and Age of Deceased, *Charles E. Abbott* Age, *49* years.

I hereby certify that I attended deceased from *Apr 7th* 1907, to *Apr 7th* 1907, that I last saw *him* alive on the *7th* day of *April* 1907, that *he* died on the *7th* day of *April* 1907, about *1030* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease { Chief cause, *Cancer of throat*
 Contributing cause, *0*

Duration { Chief Cause, *one year*
 Contributing cause, *0*

Wm. Metcalf M. D.

* If an Institution, state how long an inmate and previous residence.

1702²

Charles S. Abbott

April 7. 1907



RETURN OF A DEATH

FULL NAME

Place of
DeathPlace of
Residence

(Name of Hospital or Institution if any)

(No.)

(Street)

(No.)

(Street)

(Town or City and State)

Registered No.

Date of
Death

Age

years

months

days

STATISTICAL DETAILS

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME

HUSBAND'S
FULL NAME

BIRTHPLACE

NAME OF
FATHERBIRTHPLACE
OF FATHERMAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER

OCCUPATION

INFORMANT'S
NAME

ADDRESS

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER'S
NAME

ADDRESS

(No.)

(Street)

(Town or City)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last, illness, from *June* 190*5* to *Apr. 15* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary:

Multiple Carcinoma.(DURATION) *Unknown* DAYS

Contributory:

Carcinoma of Breast, Removed Feb. 1904.(DURATION) *Unknown* DAYS

(Signed)

Francis O'Sullivan

M. D.

(Address)

15 Princeton, E. Boston

(No.)

(Street)

(Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Previous Residence.

How long at

Place of Death?

Years,

Months,

Days

Where was disease contracted, if not at place of death?

Received

190

Agent of Board of Health, appointed to issue burial permits

Filed

190

City Clerk

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 28

Elizabeth T. Bingham

April 15, 1907-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Templeton Mass
(CITY OR TOWN.)

FULL NAME *Walter Jennings* Registered No. _____
Place of Death* } *Hospital - Cottage for Children Baldwinville Mass* Date of Death } *May 3 1907*
Residence *68 Washington Ave Wintthrop Mass* Age *14* years *9* months *5* days

STATISTICAL DETAILS

SEX <i>male</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Hyde Park Mass</i>		
NAME OF FATHER <i>Edward L. Jennings</i>		
BIRTHPLACE OF FATHER ‡ <i>No Wayne Maine</i>		
MAIDEN NAME OF MOTHER <i>May Evelyn Brockway</i>		
BIRTHPLACE OF MOTHER ‡ <i>Bradford N.H.</i>		
OCCUPATION <i>None</i>		
INFORMANT § <i>H.W. Page Baldwinville Mass.</i>		

PLACE OF BURIAL OR REMOVAL <i>Hyde Park</i>	DATE OF BURIAL <i>May 14 1907</i>
UNDERTAKER <i>E.M. Ayers</i>	ADDRESS <i>Baldwinville Mass.</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 1 1899* to *May 3 1907*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: *Cerebral Paralysis*

since birth (DURATION) _____ DAYS
Contributory: _____

(Signed) *Hartwin W. Page* M.D.
May 3 1907 (Address) *Baldwinville Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *12* years *7* months *6* days
Where was disease contracted, If not at place of death? _____

Filed *May 3 1907* *Edw. Page* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country, also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

7

Walter Jennings
May 3, 1907

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Name in full, *Eliza A. F. Cook* Date of Death, *May 5" 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *74* Years, *8* Months, *29* Days. Occupation,Residence,* *Winthrop Mass* Ward,Place of Death, *15 Cottage Park Road*Place of Birth, *Provincetown Mass* Date of Birth, *Aug 6" 1832*
(State year, month and day.)Name and Birthplace of Father, *Capt Ribson Whitman Greenman Sandwich Mass*Maiden Name and Birthplace of Mother, *Ann Prior Holmes - Duxbury Mass*Place of Interment, *Evergreen Cemetery - Stoughton Mass*
Summer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *May 1* 1907.
Name and Age of Deceased, *Eliza A. F. Cook* Age, *74* years.I hereby certify that I attended deceased from *Feb 3* 1907, to *May 5* 1907, that I last saw *her* alive on the *4th* day of *May* 1907, that *she* died on the *5th* day of *May* 1907, about *8* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Multiple Abdominal Cancer*
Contributing cause,Duration { Chief Cause, *about 2 1/2 years*
Contributing cause,*O. E. Johnson* M. D.

No 29

Heliza A. F. Cook

May 29, 1907.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *May 5* 1907

Name in full, *Lucina S. Reed*

George M. Reed
(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *64* Years, ~ Months, ~ Days. Occupation, *Housewife*.

Residence, * *Winthrop Mass* Ward, *-*

Place of Death, *24 Cottage Avenue*

Place of Birth, *Stansted Plam* *Canada Reed* Date of Birth, _____
(State year, month and day.)

Name and Birthplace of Father, *Frederick L. Sargent = Unknown*

Maiden Name and Birthplace of Mother, *Melvinia C. Hackett = Unknown*

Place of Interment, *Woodlawn Cemetery = Everett Mass*
Sumner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *May 6th* 1907.

Name and Age of Deceased, *Lucina S. Reed* Age, *64* years.

I hereby certify that I attended deceased from *August 8* 1905, to *May 5th* 1907, that I last saw *her* alive on the *fifth* day of *May* 1907, that *she* died on the *fifth* day of *May* 1907, about *4:30* o'clock ~~A.M.~~ P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Carcinoma uterus*
Contributing cause, _____

Duration { Chief Cause, *One year - nine months*
Contributing cause, _____

Frank G. Stetson M.D.
219 Roxbury St.
Boston Mass

No 38, Lucina S. Reed

May 5, 1907

Permit No.

RETURN OF DEATH.

Wintthrop BOSTON, MASS.Date of Death, *May 15* 1907.Name in full, *John W. Stephenson*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M.*Color, *W.*Condition, *M.*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *28* Years, *—* Months, *4* Days. Occupation, *Watch Maker*Residence, * *Wintthrop*Ward, *—*Place of Death, *11 Cottage Park Road Wintthrop*

(State year, month and day.)

Place of Birth, *East Boston* Date of Birth, *May 11* 1879.Name and Birthplace
of Father, *Richard Ireland*Maiden Name and
Birthplace of Mother, *Elizabeth A. Ruttle Ireland*Place of Interment, *Wintthrop Cem.**C. E. Brown*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Wintthrop**Boston*, *May 15* 1907.*1907*Name and Age
of Deceased, *John W. Stephenson*Age, *28* years.I hereby certify that I attended deceased from *May 5* 1907, to *May 14*1907 that I last saw *him* alive on the *14* day of *May* 1907,that *he* died on the *15* day of *May* 1907, about *4-15* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease

Chief cause, *Typhoid fever*Contributing cause, *—*

Duration

Chief Cause, *2 weeks*Contributing cause, *—**B. H. Metcalf*

M. D.

No 31

John W. Stephenson

May 15, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *May 16, 1907.*Name in full, *William Cagan**Single*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *34 1/2* Years, *7* Months, *1* Days. Occupation, *Soldier*Residence, * *Fort Banks Mass. Ward, Winthrop*Place of Death, *Fort Banks, Mass.*

(State year, month and day.)

Place of Birth, *Egypt, India* Date of Birth, *Unknown*Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Mount Auburn Cemetery* *Summer Floyd*
145 Summer Street
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop, Mass.**May 16 1907.*Name and Age of Deceased, *William Cagan* Age, *34 1/2* years.I hereby certify that I attended deceased from *May 16 1907*, to190 , that I last saw *him* alive on the *16* day of *May* 190 ,that *he* died on the *16* day of *May* 1907, about *4* o'clock *Pm.**A.M.*, or *P.M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Guns hot wound of head.*
Contributing cause, *Self inflicted.*Duration { Chief Cause,
Contributing cause,*Ernest F. Hater* M. D.
(Fort Banks)

B2

William Rogers

May 16. 1907

RETURN OF A DEATH—1907.

BOSTON.

FULL NAME George Handley Registered No. 4635Place of Death } Boston Emergency Hospital
and Residence }Date of Death May 16 1907. Age 78 years 1 months 14 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M

W

S

Maiden Name

Husband's Name

Birthplace Acton MassName of Father AbrahamBirthplace of Father -----MassMaiden Name of Mother Susan WinnBirthplace of Mother Salem MassOccupation Retired

Informant

Place of Burial or removal So Acton MassUndertaker Lewis Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1907, to 1907,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primacy } Uraemia 5 days
(Duration)Contributory: } Enlarged Prostate
(Duration)(Signed) J. C. D. Clark

M.D.

May 16 1907

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop MassFiled May 20 1907.A true copy
Attest:E. W. M. Glenon

Registrar.



8

George Sandley

May 16, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *James Gardner Abbott* Date of Death, *May 17* 190*7*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *71* Years, *0* Months, *0* Days. Occupation, *U.S. Inspector*

Residence, * *Wintthrop, Mass* Ward, *0*

Place of Death, *51 Cottage Park Road*
(State year, month and day.)

Place of Birth, *0* Date of Birth, *0*

Name and Birthplace of Father, *Moses Abbott - Andover Me*

Maiden Name and Birthplace of Mother, *Gardner - Ipswich Mass*

Place of Interment, *Wintthrop Cemetery, Wintthrop, Mass*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Wintthrop, Boston, May 18 - 1907*
James Gardner Abbott Age, *71* years.

I hereby certify that I attended deceased from *May 17* 190*7* to *May 17* 190*7*, that I last saw *him* alive on the *17th* day of *May* 190*7*, that *him* died on the *17th* day of *May* 190*7*, about *3* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease { Chief cause, *Cerebral Hemorrhage*
 Contributing cause, *0*

Duration { Chief Cause, *4 hours*
 Contributing cause, *0*

A. S. Bagdon M. D.
East Boston

No 33
James Gardner Abbott
May 17, 1907

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *May 25, 1907*Name in full, *William A. Brown*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male*. Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *22* Years, — Months, — Days. Occupation, *Soldier*Residence, *Fort Banks, Mass.* Ward,Place of Death, *Fort Banks, Mass.* *27*
(State year, month and day.)Place of Birth, *Indian Territory* Date of Birth, *Unknown*Name and Birthplace } *Unknown*
of Father, }Maiden Name and } *Unknown*
Birthplace of Mother, }Place of Interment, *H. River, Mil. Cemetery.**Samuel Lloyd* *Boston Harbor*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Fort Banks, Mass.* *May 25, 1907*
~~Boston,~~Name and Age } *William A. Brown* Age, *22* years.
of Deceased, }I hereby certify that I attended deceased from *May 21, 1907*, to *May 25, 1907*, that I last saw *him* alive on the *25* day of *May* 1907, that *he* died on the *25* day of *May* 1907, about *9.45* o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Cerebro-Spinal Fever*
Contributing cause, *(An injury to base of brain)*Duration { Chief Cause,
Contributing cause,*Ernest F. Slater* M. D.
(Fort Banks)

Ne 34
William A Brown
May 25, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *George A. Foxcroft* Registered No. _____
 Place of } *Wintthrop Mass* Date of } *May 25* 1907
 Death * }
 Residence _____ Age *65* years *7* months *13* days

STATISTICAL DETAILS

SEX *Male* COLOR *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Dorham Mass

NAME OF FATHER

Geo. E. Foxcroft

BIRTHPLACE OF FATHER ‡ _____

Dorham Mass

MAIDEN NAME OF MOTHER

Harriet V. Goddard

BIRTHPLACE OF MOTHER ‡ _____

Pittsfield Mass

OCCUPATION

Retired

INFORMANT § _____

Wife & Brother

PLACE OF BURIAL OR REMOVAL || _____

Mt Auburn

DATE OF BURIAL

May 28 1907

UNDERTAKER

E. R. Benson

ADDRESS

Wintthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1905* 1905 to *May 25* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *arterio sclerosis*Contributory: *years* (DURATION) _____ DAYS
obstruction coronary artery(Signed) *B. M. Calf* M.D.*May 26* 1907 (Address) *Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ? _____ years _____ months _____ days

Where was disease contracted, If not at place of death ? _____

Filed _____

190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

No 35-

George A. Fowell
May 25, 1887

Permit No. _____

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *May 27* 190*7*Name in full, *Lucy Ann George*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, *Widow*

(Single, Married, Widowed or Divorced.)

Age, *71* Years, *2* Months, *~* Days. Occupation, _____Residence, * *Winthrop Mass*

Ward, _____

Place of Death, *79 Summit Avenue*

(State year, month and day.)

Place of Birth, *Haverhill Mass* Date of Birth, *March 27* 18*86*Name and Birthplace of Father, *David Boynton - Haverhill Mass*

Maiden Name and Birthplace of Mother, _____

Place of Interment, *Wileedale Cemetery Haverhill Mass*
Summer Gloyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age of Deceased, *Winthrop Boston, May 28* 190*7*.
Lucy Ann George Age, _____ years.I hereby certify that I attended deceased from *Jan* 190*7*, to *May 28* 190*7*, that I last saw *her* alive on the *24th* day of *May* 190*7* that *she* died on the *27th* day of *May* 190*7*, about *3* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Carcinoma of abdomen*
Contributing cause, _____Duration { Chief Cause, _____
Contributing cause, *Not known**Dr. A. Morrison*

M. D.

* If an institution, state how long an inmate and previous residence.

80 Princeton St.
East Boston

No 36

Lucy Ann George

May 27, 1909

RETURN OF A DEATH

Waltham
(CITY OR TOWN.)

FULL NAME *Amelia Gant* Registered No. _____
 Place of Death* } *483 Shirley St., Waltham* Date of Death } *May 27* 190*7*
 Residence *69 Camden St Boston* Age *4.5* years, _____ months, _____ days

STATISTICAL DETAILS

SEX <i>female</i>	COLOR <i>negro</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME† <i>Amelia Van Vlake</i>		
HUSBAND'S NAME† <i>Frank Gant</i>		
BIRTHPLACE‡ <i>Bon Core Long Island</i>		
NAME OF FATHER <i>Augustus Van Vlake</i>		
BIRTHPLACE OF FATHER‡ <i>Aster Bay Long Island</i>		
MAIDEN NAME OF MOTHER: _____		
BIRTHPLACE OF MOTHER‡ _____		
OCCUPATION <i>Laundress</i>		
INFORMANT§ <i>Sister</i>		

PLACE OF BURIAL OR REMOVAL||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190_____ to _____ 190_____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *unknown probably heart disease*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *George Burgess Maynard* M.D.
May 27 190*7* (Address) *274 Boylston St., Med. Exam., Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted,
 If not at place of death? _____

Filed

190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

No 37

Amelia Grant

May 27. 1807.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME *Amelia Thant* Registered No. _____
 Place of Death* } *483 Shirley St. Winthrop* Date of Death } *May 27* 1907
 Residence *69 Cambridge St. Boston* Age *41* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>F</i>	COLOR <i>B</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widow</i>
MAIDEN NAME† <i>Amelia Van Vlake</i>		
HUSBAND'S NAME† <i>Frank Thant</i>		
BIRTHPLACE‡ <i>Glen Cove New York</i>		
NAME OF FATHER <i>Augustus Van Vlake</i>		
BIRTHPLACE OF FATHER‡ <i>Oyster Bay New York</i>		
MAIDEN NAME OF MOTHER <i>Maria Weeks</i>		
BIRTHPLACE OF MOTHER‡ <i>Glen Cove New York</i>		
OCCUPATION <i>Laundress</i>		
INFORMANT§ <i>Daughter</i> <i>Sarah Elizabeth Thant</i>		
PLACE OF BURIAL OR REMOVAL <i>Attleborough Mass</i>		DATE OF BURIAL <i>May 31</i> 1907
UNDERTAKER		ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: _____

_____ (DURATION) _____ DAYS

Contributory: _____

_____ (DURATION) _____ DAYS

(Signed) _____ M.D.

_____ 190 _____ (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Wm. H. Massachusetts June 19 / 1871
Duffell Esq.

Then personally appeared
the within named Sarah Chynoweth
she said and made oath that she is
the daughter of the deceased Ann Lee
I have heard that the within state
as all true

Wm. H. Massachusetts
June 1871
Duffell Esq.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *June 12* 190*7*Name in full, *Edward Magee*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *84* Years, *29* Months, *29* Days. Occupation, *Retired*Residence, * *Winthrop Mass* Ward, Place of Death, *263 Main Street*
(State year, month and day.)Place of Birth, *Boston Mass* Date of Birth, Name and Birthplace of Father, *Thomas Magee - Portland*Maiden Name and Birthplace of Mother, *Fannah Rogers - Portland*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Dumner Floyd
Undertaker.
*145. Herman Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, June 13 1907.*
Edward Magee Age, *84* years.I hereby certify that I attended deceased from *April 9 1907*, to *June 12 1907*, that I last saw *him* alive on the *11* day of *June* 1907, that *he* died on the *12* day of *June* 1907, about *1.30* o'clock A.M., ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Chronic Valvular Heart Disease*
Contributing cause, Duration { Chief Cause, *Several years*
Contributing cause, *O.E. Johnson* M. D.

*If an institution, state how long an inmate and previous residence.

Alvin Dearborn

June 12, 1907.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Isaac C. Hall* Place of Death *495 Steamboat St. Winthrop Mass* Date of Death *June 16 1907*

Registered No. *86* Age *86* years *8* months *10*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during illness, from *May 28* 1907 to *June 16* date stated above, and that the CAUSE OF DEATH was as follows: *Putrid Cancer*

Contributory: *the* (Duration) _____

(Signed) *A. B. Stroman* (Duration) _____

SPECIAL INFORMATION only for Hospitals, Institutions, or Recent Residents.

Former or Usual Residence _____
Where was disease contracted, If not at place of death? _____
Place of Death? _____

Filed _____

1907

* City or town, street and number, if any. If death occurs away from USA
DENCE, give facts called for under "Special Information," if in a
Institution, give its NAME instead of street and number.
† State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

STATISTICAL DETAILS

SEX *male* COLOR *white* ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Sandwich Mass.

NAME OF FATHER

Winifred Hall

BIRTHPLACE ‡ OF FATHER †

Sandwich Mass.

MAIDEN NAME OF MOTHER

Fannie Clark

BIRTHPLACE ‡ OF MOTHER †

Winchester Mass.

OCCUPATION

none

INFORMANT §

C. W. Hall

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

June 18 1907

ADDRESS

495 Steamboat St. Winthrop Mass

UNDERTAKER

Winthrop Crem.

No 42
Lear & Hall
June 16, 1907

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *June 18* 190*7*
Name in full, *Catherine Elizabeth Whelpley*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *86* Years, *10* Months, *10* Days. Occupation,Residence, * *Wintthrop Mass* Ward,Place of Death, *58 Thornton Park* *Aug 8* 18*20*
(State, year, month and day.)Place of Birth, *Greenwich N. B.* Date of Birth, *Aug 8* 18*20*Name and Birthplace of Father, *James Greeya - Greenwich N. B.*Maiden Name and Birthplace of Mother, *Elizabeth Main - Greenwich N. B.*Place of Interment, *Templeway Defeat, "Reo Tomb"*
Samuel Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop Boston*, *June 19* 190*7*.
Name and Age of Deceased, *Catherine Elizabeth Whelpley* Age, *86* years.I hereby certify that I attended deceased from *June 9* 190*7*, to *June 18* 190*7*, that I last saw *her* alive on the *17* day of *June* 190*7*, that *she* died on the *18* day of *June* 190*7*, about *5* o'clock A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cerebral Apoplexy. Hemiplegia*
Contributing cause,Duration { Chief Cause, *nine day*
Contributing cause,*J. E. Johnson* M. D.

* If an Institution, state how long an inmate and previous residence.

Catherine Elizabeth Mayberry

June 18, 1907.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Earnest M. Musset Registered No. _____
 Place of Death* 125 Cliff Ave Date of Death July 3 1907
 Residence 125 Cliff Ave Winthrop Age 63 years 2 months 18 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME† _____		
HUSBAND'S NAME† _____		
BIRTHPLACE‡ <u>Mondon Loubs France</u>		
NAME OF FATHER <u>Jeanne Baptiste Minier</u>		
BIRTHPLACE OF FATHER‡ <u>Mondon Loubs France</u>		
MAIDEN NAME OF MOTHER <u>Jeanne Baptiste Caney</u>		
BIRTHPLACE OF MOTHER‡ <u>Cubrial Loubs France</u>		
OCCUPATION <u>Hotel Keeper</u>		
INFORMANT'S <u>Harriet M. Musset</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1907 to July 3, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cirrhosis of Liver

years (DURATION) _____

Contributory: _____

(Signed) Thomas S. Pigott M.D.
July 3, 1907 (Address) 592 Quincy Ave. Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1907 _____ Clerk

PLACE OF BURIAL OR REMOVAL||
Mt Hope

DATE OF BURIAL
July 5 1907

UNDERTAKER
E. L. Eastman

ADDRESS
151 Tremont Boston

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

42

Ernest Meisner
July 3, 1903

Permit No. 296

RETURN OF DEATH.

BOSTON, MASS.

Name in full, Margaret M. Sullivan Date of Death, July 12, 1907

(If married or divorced woman give maiden name, also name of husband.)

Sex, F Color, W Condition, M (Single, Married, Widowed or Divorced.)

Age, 16 Years, 11 Months, 2 Days. Occupation, School

Residence, Brookline, Mass. Ward,

Place of Death, 39 Sea Foam Ave Winthrop

Place of Birth, Boston Date of Birth, Aug 10 1896 (State year, month and day.)

Name and Birthplace of Father, Owen Ireland

Maiden Name and Birthplace of Mother, Annie Fitzpatrick Boston

Place of Interment, Holy Cross Malden

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, Margaret M. Sullivan Boston, July 12 1907. Age, years.

I hereby certify that I attended deceased from Aug 1906, to July 1907 that I last saw her alive on the 11 day of July 1907 that she died on the 12 day of July 1907, about 4.50 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, Chronic valvular disease of heart
Contributing cause,

Duration { Chief Cause, Diphtheria
Contributing cause,

W. Metcalf M. D.

Margaret M^r. Gillies

July 12, 1907.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**WinthropDate of Death, July 13 1907.Name in full, Fannie FrankFannie Stainbert David
(If married or divorced woman give maiden name, also name of husband.)Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 32 Years, x Months, x Days. Occupation, HousewifeResidence,* 657 Shawmut Ave Ward,Place of Death, 167 Short Drive Winthrop
(State year, month and day.)Place of Birth, Manchester Eng. Date of Birth,Name and Birthplace of Father, Solomon Stainbert - RussiaMaiden Name and Birthplace of Mother, Annie Stainbert - RussiaPlace of Interment, Kennest Israel Woodburn
Isaac Charetsky
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Winthrop
Boston, July 13 1907.
Name and Age of Deceased, Fannie Frank Age, 32 years.I hereby certify that I attended deceased from July 13 1907, to July 13 1907, that I last saw her alive on the 13 day of July 1907, that she died on the 13th day of July 1907, about 5 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Pulmonary Edema
Contributing cause, Heart diseaseDuration { Chief Cause, 16 hrs.
Contributing cause, UncertainH. J. Poree M. D.

* If an Institution, state how long an inmate and previous residence.

4-4

67 Annie Frank.

July 13, 1907

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Cogswell Registered No. _____
 Place of Death* } 128 Bartlett Road Date of Death } July 15 1907
 Residence " Still Born Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED X

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

128 Bartlett Road

NAME OF FATHER

Loring R. Cogswell

BIRTHPLACE OF FATHER ‡

Aylesford N. H.

MAIDEN NAME OF MOTHER

Mary A. Fullerton

BIRTHPLACE OF MOTHER ‡

Grand Paris N. H.

OCCUPATION _____

INFORMANT §

Loring R. Cogswell

PLACE OF BURIAL OR REMOVAL ||

Worcester

DATE OF BURIAL

July 18 1907

UNDERTAKER

C R Burman

ADDRESS

Worcester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 1907 to July 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still BornContributory: in dental & Birth(Signed) W. H. Cogswell M.D.July 18 1907 (Address) Worcester, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1907 Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Topsirell
July 15, 1907.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Martha Fonseca Registered No. _____
 Place of Death* } 17 Reddy St. Winthrop Mass Date of Death } July 15 1907
 Residence " " " " Age 45 years 9 months 1 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 MAIDEN NAME † Martha Belgard
 HUSBAND'S NAME † Joshua Fonseca
 BIRTHPLACE ‡ Germany

NAME OF FATHER Charles Belgard

BIRTHPLACE OF FATHER ‡ Germany

MAIDEN NAME OF MOTHER Sara Greenburg

BIRTHPLACE OF MOTHER ‡ Germany

OCCUPATION Housewife

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL || Uedham Mass DATE OF BURIAL July 17 1907

UNDERTAKER C.R. Branson ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1906 to July 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Diabetes

(DURATION) 36.5 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) H. H. Sawyer M.D. July 16 1907 (Address) 155 Mass Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1907 Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Martha Fonseca

July 15, 1902

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Name in full, *James Bowater* Date of Death, *July 16th 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *71* Years, *—* Months, *—* Days. Occupation, *Postmaster Sagat*Residence, *Winthrop Mass* Ward, *—*Place of Death, *24 Cherry Street* (State year, month and day.)Place of Birth, *Baird Co Maryland* Date of Birth, *—*Name and Birthplace of Father, *John Bowater — Baltimore Md*Maiden Name and Birthplace of Mother, *Jane Willoughby — " "*Place of Interment, *Winthrop Cemetery*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, July 16th 1907.*
Name and Age of Deceased, *James Bowater* Age, *71* years.I hereby certify that I attended deceased from *July 7th 1907*, to *July 16th 1907*, that I last saw *him* alive on the *16th* day of *July* 1907, that *he* died on the *16th* day of *July* 1907, about *6* o'clock~~11~~ P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Nephritis, Chronic Interstitial,*
Contributing cause, *—*Duration { Chief Cause, *A number of years.*
Contributing cause, *—**Ernest F. Slater* M. D.
(Fort Banks)

47

James S. Coraler

July 16, 1907

Permit No.

RETURN OF DEATH.

BOSTON, MASS.*Anthrop*Date of Death, *July 16/07*Name in full, *William E. Voyce*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male*Color, *White*Condition, *Married*(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *59* Years, *+* Months, *+* Days. Occupation, *Teamster*Residence, * *Shirley st Point Shirley* Ward,Place of Death, *Shirley st*

(State year, month and day.)

Place of Birth, *Portland Maine* Date of Birth, *Unknown*Name and Birthplace } *Charles Voyce Unknown*
of Father,Maiden Name and } *Mary Russell Gloucester Maine*
Birthplace of Mother,Place of Interment, *Lincoln Maine**James W O'Donnell Jr*
7 Hancock st Boston Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Anthrop
*Boston,**July 17th*

1907.

Name and Age } *William E. Voyce* Age, *59* years.
of Deceased,I hereby certify that I attended deceased from *June 15th* 1907, to *July 16th*
1907, that I last saw *him* alive on the *16th* day of *July* 1907,
that *he* died on the *16th* day of *July* 1907, about *12-5* o'clock*A.M.*, or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *Carcinoma of pan.*
Contributing cause, *Arteriosclerosis.*Duration { Chief Cause, *About two years.*
Contributing cause, *Unknown.**Albert A. Fifth* M. D.

Williams, E. Hayes,

July 16, 1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Edward B. Gross* Registered No. _____
 Place of Death* *Winthrop St Winthrop* Date of Death *July 16* 190*7*
 Residence *Winthrop St* Age *35* years *4* months *25* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Provincetown Mass</i>		
NAME OF FATHER <i>George. P. Gross</i>		
BIRTHPLACE OF FATHER ‡ <i>Texas Mass</i>		
MAIDEN NAME OF MOTHER <i>Julia F. Critchett</i>		
BIRTHPLACE OF MOTHER ‡ <i>Provincetown Mass</i>		
OCCUPATION <i>Medical Student</i>		
INFORMANT § <i>Edwin</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1904* 190... to *July 17* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Chronic Valvular Heart Disease*

(DURATION) *13 yrs* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. Metcalf* M.D.

July 190... (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190... Clerk

PLACE OF BURIAL OR REMOVAL <i>Provincetown Mass</i>	DATE OF BURIAL <i>July 19</i> 190 <i>7</i>
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>Winthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

49

Edward B. Gross
July 17, 1807

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *July 19th 1907*Name in full, *Ella M. Campbell**Ella M. Leighton - John L. Campbell*
(If married or divorced woman give maiden name, also name of husband.)Sex, *Female*Color, *White*Condition, *Married*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *57* Years, *9* Months, *—* Days. Occupation, *—*Residence, * *Winthrop Mass*Ward, *—*Place of Death, *60. Main Street*

(State year, month and day.)

Place of Birth, *Pembroke Me*Date of Birth, *Oct 19th 1848*Name and Birthplace
of Father, *Justin L. Leighton - Pembroke Me*Maiden Name and
Birthplace of Mother, *Lydia Hussy - Pembroke Me*Place of Interment, *Pembroke Me - Forest Hills Cemetery*
Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.*Winthrop Boston, July 19th 1907*Name and Age
of Deceased, *Ella M. Campbell*Age *57* years, *9* monthsI hereby certify that I attended deceased from *1905* 190 , to *July 19th 1907*1907, that I last saw *her* alive on the *19th* day of *July* 190 ,that *she* died on the *19th* day of *July* 1907, about *1* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Melancholia*
Contributing cause, *debility*Duration { Chief Cause, *one month*
Contributing cause, *one month**W. H. H. H. H.*

M. D.

Lella M. Campbell

July 19, 1907.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *July 26* 1907
Name in full, *Louisa Francis Poole*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *67* Years, *3* Months, *18* Days. Occupation,Residence, * *Winthrop Mass* Ward,Place of Death, *187 Winthrop Street*
(State year, month and day.)Place of Birth, *Oldtown Me* Date of Birth,Name and Birthplace of Father, } *Alice Brad - Albin Me*Maiden Name and Birthplace of Mother, } *Maria Brad - Albin Me*Place of Interment, *Wedham Mass**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston* *July 27* 1907.
Name and Age of Deceased, } *Louisa Francis Poole* Age, *67* years.I hereby certify that I attended deceased from *about* 1900, to *July 26* 1907, that I last saw *her* alive on the *26* day of *July* 1907, that *she* died on the *26* day of *July* 1907, about *8* o'clock ~~A.M.~~ or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Diabetes mellitus*
Contributing cause,Duration { Chief Cause, *Several years*
Contributing cause,*O. Johnson* M. D.

Louisa Frances Pool

July 26, 1907

(FOR POST-MORTEM EXAMINATIONS ONLY.)

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, July 28, 1907

Name in full, Harry A. Brown -

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(Single, Married, Widowed or Divorced.)

Age, 34 Years, 1 Months, 2 Days. Occupation, Export Accountant

Residence, 108 Quincy Ave. Woburn, Mass.

Place of Death, - July 28, 1907
(State year, month and day.)

Place of Birth, Goderich Ont. Date of Birth, -

Name and Birthplace of Father, Alfred Brown Goderich Ont.

Maiden Name and Birthplace of Mother, Unknown Unknown

Place of Interment, Mount Pleasant

W. R. Benson

Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 30, 1907.

I hereby certify that I viewed the body of

Name, Harry A. Brown Age, 34 years,
who died on the 28th day of July, 1907,

and to the best of my knowledge and belief, the cause of his death was as follows:

Autopsy July 30, 1907

Disease, { Chief cause, Acute dilatation of the Heart -
{ Contributing cause,George Burgess Magrath
M. D.

Maria Brown

July 28, 1907

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *July 29 1907*Name in full, *Joseph Hempton Clark*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *80* Years, *9* Months, Days. Occupation,Residence, * *Brookline Mass* Ward,Place of Death, *Winthrop Mass*Place of Birth, *Wiscasset Me* Date of Birth, *Oct 9 1826*
(State year, month and day.)Name and Birthplace of Father, *Franklin Clark Wiscasset Me*Maiden Name and Birthplace of Mother, *Farmette V. Spear Wayne Me*Place of Interment, *Forest Hills Cemetery Boston**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, July 30 1907*
Joseph Hempton Clark Age, *80-9 mos* years.I hereby certify that I attended deceased from *July 30 1907*, to *July 29 1907*, that I last saw *him* alive on the *29* day of *July* 1907, that *he* died on the *29* day of *July* 1907, about *5:10* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Gastritis*
Contributing cause, *old age*Duration { Chief Cause, *several weeks*
Contributing cause,*B. H. Metcalf*

M. D.

Joseph Kempton Clark

July 29, 1907.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *July 29 1907*Name in full, *George Edgar Crossman*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *51* Years, *4* Months, *2* Days. Occupation, *Printer*Residence, *Wintthrop Mass* Ward, *7*Place of Death, *50 Summit Avenue* *7*
(State year, month and day.)Place of Birth, *Portland Me* Date of Birth, *Mar 7 1856*Name and Birthplace of Father, *Charles C. Crossman - Unknown*Maiden Name and Birthplace of Mother, *Marilla Gould - Charlestown Mass*Place of Interment, *Wintthrop Cemetery Wintthrop Mass*
Burmer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Wintthrop Boston, July 29 1907*
George Edgar Crossman Age, *51* years.I hereby certify that I attended deceased from *one year* 190, to *July 29*
190, that I last saw *him* alive on the *28* day of *July* 190),
that *he* died on the *29* day of *July* 190), about *1* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Cancer of stomach*
Contributing cause, *2 yrs*Duration { Chief Cause, *2 yrs*
Contributing cause, *Spontaneous*

M. D.

George Edgar Grossman
July 29, 1907.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Annie M. Leod

Registered No.

Place of }

Death* }

Date of }

Death }

Residence

Age

years

months

days

STATISTICAL DETAILS

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1907 to July 29, 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Cancer of stomach

(DURATION) 2 years

Contributory:

(DURATION) DAYS

(Signed)

B. J. Mulheys

M.D.

July 24, 1907 (Address)

Mulheys Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted,
If not at place of death?

Filed

1907

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Anne M^cLeod

July 29, 1907.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Amie Jane Fowler* Registered No. _____
 Place of Death * *Winthrop* Date of Death *July 30* 190 *7*
 Residence *152 Pleasant St* Age *70* years *8* months *3* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Amie Jane Milligan</i>	HUSBAND'S NAME † <i>David J. Fowler</i>	
BIRTHPLACE ‡ <i>St John N B</i>		
NAME OF FATHER <i>Robert Charles Milligan</i>		
BIRTHPLACE OF FATHER ‡ <i>Scotland</i>		
MAIDEN NAME OF MOTHER <i>Jane Cook</i>		
BIRTHPLACE OF MOTHER ‡ <i>Scotland</i>		
OCCUPATION <i>Household</i>		
INFORMANT § <i>David Fowler</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 30 8am* 190 *7* to *July 30 4:30 PM* 190 *7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Apoplexy*

2 1/2 hours DAYS

(DURATION) DAYS

(Signed) *O. Johnson* M.D.
July 31 190 *7* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed _____ 190 _____ Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Dorchester</i>	DATE OF BURIAL _____ 190 _____
UNDERTAKER <i>Edison & W. Brown</i>	ADDRESS <i>East Boston</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No - 56
Annie Jane Fowler
July 30, 1907 -

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

Still Born

FULL NAME *Stern* Registered No. _____

Place of Death* } *35 Mermaid Ave* Date of Death } *July 31* 190 *7*

Residence *" "* Age *7* years *Still Born* months _____ days _____

STATISTICAL DETAILS

SEX *Male* COLOR *10* SINGLE, MARRIED, WIDOWED, OR DIVORCED *X*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

35 Mermaid Ave

NAME OF FATHER

Lewis Stern

BIRTHPLACE OF FATHER ‡

Boston

MAIDEN NAME OF MOTHER

Nellie Castleman

BIRTHPLACE OF MOTHER ‡

Revere Mass

OCCUPATION

INFORMANT §

Mother

PLACE OF BURIAL OR REMOVAL ||

Wendover

DATE OF BURIAL

7/1 190 *7*

UNDERTAKER

C.R. Bennett

ADDRESS

Wendover

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to *July 31* 190 *7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Still Born

(DURATION) _____ DAYS

Contributory:

operative Delivery

(DURATION) _____ DAYS

(Signed)

Dr. A. R. Knickerbocker M.D.*Aug 7* 190 *7* (Address) *56 Sagamore Ave*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted,
If not at place of death?

Filed

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

No 57

Stem
July 31, 1907

RETURN OF A DEATH

Town & Weston
(CITY OR TOWN.)

FULL NAME *Henry Loco Harvey* Registered No. *17*
 Place of Death* *Weston Mass* Date of Death *Aug 2* 190*7*
 Residence *Winthrop Mass* Age *10* years *—* months *—* days

STATISTICAL DETAILS

SEX *M* COLOR *M* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *Aug 2* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Drowning*

(DURATION)..... DAYS

Contributory:

(DURATION)..... DAYS

(Signed) *George L. West M.D. Med Ex^o* M.D.
7th Middlesex District
Aug 2 190*7* (Address) *Newton Centre*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed *Aug 3* 190*7* *George H. Cutting* Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

9

Henry Lee Harvey
Aug 2, 1907

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *Aug. 3rd* 1907.Name in full, *Michael Dennis*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *male* Color, *white* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *86* Years, Months, Days. Occupation, *Retired*Residence, * *265 Court Road* Ward, *Winthrop*Place of Death, *265 Court Road*Place of Birth, *Ireland* Date of Birth, *1821*
(State year, month and day.)Name and Birthplace of Father, *William Dennis* *Ireland*Maiden Name and Birthplace of Mother, *Unknown* *Ireland*Place of Interment, *Holyhood - Brookline.**John J. Morris*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Mass. Aug. 4th 1907.*
~~Boston~~Name and Age of Deceased, *Michael Dennis* Age, *86* years.I hereby certify that I attended deceased from *July 25th* 1907, to *Aug. 2^d* 1907, that I last saw *him* alive on the *2^d* day of *Aug.* 1907, that *he* died on the *3^d* day of *Aug.* 1907, about *11:30* o'clock~~A.M.~~ or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Dysentery*
Contributing cause, *Age*Duration { Chief Cause,
Contributing cause,*A. B. Dorman* M. D.

Michael Lewis,

Aug 3. 1907

RETURN OF A DEATH

Wintrop 13.00
(CITY OR TOWN.)

FULL NAME Registered No.

Place of Death* } *16 Ochan ave.* Date of Death } *aug 4* 190*7*

Residence *16 Ochan ave.* Age years months days

STATISTICAL DETAILS

SEX COLOR SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ *Wintrop Beach*

NAME OF FATHER *Jacob Rubin*

BIRTHPLACE OF FATHER ‡ *Russia*

MAIDEN NAME OF MOTHER *Minnie E. Levenson*

BIRTHPLACE OF MOTHER ‡ *Boston Mass*

OCCUPATION *Merchant*

INFORMANT § *of Father*

PLACE OF BURIAL OR REMOVAL || *11 Rox Chava Zedek, aug 5 1907*

UNDERTAKER *Jacob Shnety* ADDRESS *11 Cooper St*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 4* 190*7* to *Aug 4* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia (5 mos)*
(DURATION) DAYS

Contributory:
(DURATION) DAYS

(Signed) *H. P. ...* M.D.
Aug 5 190*7* (Address) *Wintrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 59

Rubin

Aug 4, 1907.

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Frank J. La Cotte Registered No. _____
 Place of Death* 117 Buchanan St. Date of Death Aug 5th 1907
 Residence Winthrop Mass. Age 24 years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Dorchester Mass.

NAME OF FATHER _____

Victor

BIRTHPLACE OF FATHER ‡ _____

France

MAIDEN NAME OF MOTHER _____

Catherine Delorey

BIRTHPLACE OF MOTHER ‡ _____

Troudi N.S.

OCCUPATION _____

Gardener

INFORMANT § _____

Mrs Catherine Cowen

PLACE OF BURIAL OR REMOVAL || _____

Mt Benedict

DATE OF BURIAL _____

Aug 7 1907

UNDERTAKER _____

Thos. J. Lane Jr.

ADDRESS _____

120 Haver St
East Boston
Mass

I HEREBY CERTIFY that I attended deceased during last illness, from July 20 1907 to Aug 5 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Tuberculosis of lungs(DURATION) one year DAYS

Contributory: _____

(Signed) _____

B. M. Delaney

M.D.

Aug 6th 1907(Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at _____

Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

1907

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

No 60

Frank J. La Folle

Aug 5, 1907

Permit No.

RETURN OF DEATH.*Winthrop***~~BOSTON~~, MASS.**Date of Death, *August 5th 1907*Name in full, *Elizabeth Lawrence*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*Condition, *Widow*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *86* Years, *5* Months, *8* Days. Occupation, *~ ~ ~*Residence, * *Winthrop Mass*Ward, *~ ~ ~*Place of Death, *55 Tremont Street**Feb 28th 1821*
(State year, month and day.)Place of Birth, *Rochester N Y* Date of Birth, *~ ~ ~*Name and Birthplace
of Father, *John Gordon - Unknown*Maiden Name and
Birthplace of Mother, *Lydia Bedford - Unknown*Place of Interment, *Centre Burial - New Hampshire*
Summer Lloyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age } *Winthrop Boston*, 190 *~ ~ ~*
of Deceased, } *Elizabeth Lawrence* Age, *86* years.I hereby certify that I attended deceased from *July 30* 190 *7*, to *Aug 5*
190 *7*, that I last saw *her* alive on the *5th* day of *August* 190 *7*,
that *she* died on the *5th* day of *Aug.* 190 *7*, about *10:30 am* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death
was as follows:Disease { Chief cause, *apoplexy*
Contributing cause, *~ ~ ~*Duration { Chief Cause, *6 days*
Contributing cause, *~ ~ ~**B. H. Metcalf*

M. D.

Elizabeth Lawrence

Aug 5, 1901.

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME *Honey E Went* Registered No. _____
 Place of Death* *170 Bowdoin St Winthrop* Date of Death *Aug 8th* 190*7*
 Residence *170 Bowdoin St Winthrop Mass* Age *7* years *6* months *28* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Laconia N. H.</i>		
NAME OF FATHER <i>George A Went</i>		
BIRTHPLACE OF FATHER ‡ <i>England</i>		
MAIDEN NAME OF MOTHER <i>Margaret M Towers</i>		
BIRTHPLACE OF MOTHER ‡ <i>East Boston Mass</i>		
OCCUPATION		
INFORMANT § <i>Margaret M Went</i>		
PLACE OF BURIAL OR REMOVAL <i>Woodlawn Cemetery Mar.</i>	DATE OF BURIAL <i>Aug 9th</i> 190 <i>7</i>	
UNDERTAKER <i>E B Dangles</i>	ADDRESS <i>411 Broadway Chelsea Mass</i>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

.....(DURATION)..... DAYS

Contributory: _____

.....(DURATION)..... DAYS

(Signed) _____ M.D.

_____ 190____ (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Henry G. West

Aug 8, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *August 16th 1907*Name in full, *Charles E. Gillian (Illegitimate)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *6* Years, *6* Months, *27* Days. Occupation, *None*Residence, *Winthrop Mass* Ward, *None*Place of Death, *10 Bora Street*Place of Birth, *Watertown Mass* Date of Birth, *Jan 22nd 1907*
(State year, month and day.)Name and Birthplace of Father, *Unknown Unknown*Maiden Name and Birthplace of Mother, *Margaret M. Gillian -*Place of Interment, *Winthrop Cemetery -**Burmer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Aug. 17th 1907.*
Charles E. Gillian Age, *10* mos. *27* daysI hereby certify that I attended deceased from *Aug. 14th 1907*, to *Aug 15th*
1907, that I last saw *him* alive on the *15th* day of *Aug.* *1907*,
that *he* died on the *15th* day of *Aug.* *1907*, about *11* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *Cholera Infantum*
Contributing cause, *None*Duration { Chief Cause, *None*
Contributing cause, *None**A. B. Borman* M. D.

Exhibit No.

Aug. 16, 1907



COMMONWEALTH OF MASSACHUSETTS

REVERE.

Winthrop

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Samuel Hickborn Registered No. _____
Place of Death* { 20 Cottage Ave Winthrop Date of Death { Aug 16 1907
Residence n n n n Age 72 years 10 months 6 days

STATISTICAL DETAILS

SEX M. COLOR M. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Brighton Mass.

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

Assessor of Boston

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Forest Hills

UNDERTAKER

ADDRESS

Jewell Jones & Son50 La. Street Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 15 1907 to Aug 15 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Locomotor Ataxia1515 yrs.

(DURATION).....DAYS

Contributory: Nephritis4 weeks

(DURATION).....DAYS

(Signed) H. J. Porter M.D.Aug. 16 1907 (Address) Winthrop, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *Samuel Fitchborn* Date of Death, *Aug 16th 1907*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *72* Years, *10* Months, *6* Days. Occupation, *Assessor*

Residence, * *30 Cottage Ave Winthrop Ward,*

Place of Death, (State year, month and day.)

Place of Birth, *Brighton Mass* Date of Birth,

Name and Birthplace of Father, *George B. Fitchborn Billerica Mass*

Maiden Name and Birthplace of Mother, *Eliza A. Herrick Brighton Mass*

Place of Interment, *Forest Hills Cemetery*
Levis Jones & Son Undertaker.

LEWIS JONES & SON,**UNDERTAKERS,****10 La Grange St., Boston.****PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**

Boston, 190

Name and Age of Deceased, } Age, years.

I hereby certify that I attended deceased from 190 , to

190 , that I last saw alive on the day of 190 ,

that died on the day of 190 , about o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of .. death was as follows:

Disease { Chief cause,
 Contributing cause,

Duration { Chief Cause,
 Contributing cause,

M. D.

* If an Institution, state how long an inmate and previous residence.

Samuel Jackson

Aug 16, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

Winthrop
 FULL NAME Thomas Kennedy Registered No. _____
 Place of Death* 30 Main St. Winthrop Date of Death Aug 17th 1907
 Residence 30 Main St. Winthrop Age 51 years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † Wife
 HUSBAND'S NAME † Mary
 BIRTHPLACE ‡ Ireland
 NAME OF FATHER Edward
 BIRTHPLACE OF FATHER ‡ Ireland
 MAIDEN NAME OF MOTHER Mary Murphy
 BIRTHPLACE OF MOTHER ‡ Ireland
 OCCUPATION Laborer
 INFORMANT § Wife

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 17 1907 to Aug 17 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

6 hrs. (DURATION) _____ DAYS

Contributory: Pulmonary Oedema

3 hrs. (DURATION) _____ DAYS

(Signed) H. J. Parle M.D.

Aug 18 1907 (Address) Winthrop, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || Holy Cross Malden DATE OF BURIAL Aug 19th 1907
 UNDERTAKER Frank S. Maloney ADDRESS 330 Winthrop St.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

65

Thomas Kennedy

Aug 17, 1907



COMMONWEALTH OF MASSACHUSETTS

REVERE.

Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Milton Neugroschl Registered No. _____
Place of Death* } 11 Reedy St Winthrop Date of Death } Aug 21 1907
Residence 67 Blackwood St Dor. Age _____ years 11 months _____ days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

67 Blackwood

NAME OF FATHER

Samuel J Neugroschl

BIRTHPLACE OF FATHER ‡

Austria

MAIDEN NAME OF MOTHER

Rosa Levy

BIRTHPLACE OF MOTHER ‡

Syracuse N.Y.

OCCUPATION

INFORMANT §

The father

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Aug 22 1907

UNDERTAKER

ADDRESS

Lewis Jones & Co 50 Bayway Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 20 1907 to Aug 21 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Cholera Infantum(DURATION) 3 DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) H. J. Porter M.D.Aug 21 1907 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

66
Miltonaugueschl
Aug 21, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *August 22* 190*7*Name in full, *Sarah Elizabeth Cron*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *74* Years, *7* Months, *7* Days. Occupation, *(blank)*Residence, *Winthrop Mass* Ward, *(blank)*Place of Death, *30 Marshall Street* (State year, month and day.)Place of Birth, *St Martin N B* Date of Birth, *(blank)*Name and Birthplace of Father, *James Marks New Brunswick*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Winthrop Cemetery*
Summer Floyd
Underfaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Aug 23 1907.*
Sarah Elizabeth Cron Age, *74* years.I hereby certify that I attended deceased from *June* 1906, to *Aug 22* 1907, that I last saw *her* alive on the *22* day of *Aug* 1907, that *she* died on the *22* day of *Aug* 1907, about *8:30* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cancer of Breast*
Contributing cause, *(blank)*Duration { Chief Cause, *about two years*
Contributing cause, *(blank)**J E Johnson* M. D.

Sarah Elizabeth Brown

Aug 22, 1907

Permit No.

RETURN OF DEATH.

Wintthrop ~~BOSTON~~, MASS.Date of Death, *August 23 1907*Name in full, *Eleanor Gertrude Aiken*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *4* Years, *10* Months, *—* Days. Occupation, *—*Residence, * *Wintthrop, Mass* Ward, *—*Place of Death, *211 Wintthrop Street* (State year, month and day.)Place of Birth, *Wintthrop, Mass* Date of Birth, *—*Name and Birthplace of Father, *Harry W. Aiken East Somerville*Maiden Name and Birthplace of Mother, *Eleanor S. Pattee No Cambridge*Place of Interment, *Wintthrop Cemetery**Ernest Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Wintthrop Boston, Aug 23 1907*
Eleanor M. Aiken Age, *5* years.I hereby certify that I attended deceased from *1906*, to *Aug 23 1907*, that I last saw *her* alive on the *23* day of *Aug* 1907, that *she* died on the *23* day of *Aug* 1907, about *4* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Diabetes*
Contributing cause, *—*Duration { Chief Cause, *one year*
Contributing cause, *—**Wintthrop* M. D.

* If an institution, state how long an inmate and previous residence.

Cleaveland, Indiana Indiana

Aug 23, 1907

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mari Agnes McDonald* Registered No.
 Place of Death* } *Ocean View St.* Date of Death } *Aug 24* 190 *7*
 Residence *Winthrop Mass* Age *17* years *11* months *24* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan* 190 *6* to *Aug 23* 190 *7* that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Tuberculous Peritonitis*

(DURATION)..... DAYS

Contributory: *Tuberculosis*

(DURATION)..... DAYS

(Signed) *Robt. J. Soule* M.D.*Aug 24* 190 *7* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

.....190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known. *

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

69

Mary Agnes McConald

Aug 24, 1907

COMMONWEALTH OF MASSACHUSETTS

CHELSEA.

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Williams, Allen L. Registered No. 54-21
 Place of Death* } Chelsea, Frost Hospital Date of Death } Aug 29 1907
 Residence Winthrop Mass Age 31 years — months — days

STATISTICAL DETAILS

SEX <u>m</u>	COLOR <u>w</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
<u>So. Paris Me</u>		
NAME OF FATHER		
<u>James Williams</u>		
BIRTHPLACE OF FATHER ‡		
<u>Holton Me</u>		
MAIDEN NAME OF MOTHER		
<u>Evelle —</u>		
BIRTHPLACE OF MOTHER ‡		
<u>So. Paris Me</u>		
OCCUPATION		
<u>Telephone Mgr</u>		
INFORMANT §		
<u>T. F. Woodbury</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 20 1907 to Aug 29 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Appendicitis

(DURATION) 9 DAYS

Contributory: Appendicitis

(DURATION) 9 DAYS

(Signed) O. E. Johnson M.D.

Aug 29 1907 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months 8 days

Where was disease contracted, If not at place of death?

Filed Sept 1 1907 Charles H. Reed Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>Auburn Me</u>	<u>Sept 2</u> 190 <u>7</u>
UNDERTAKER	ADDRESS
<u>W. H. Fessenden</u>	<u>Wakefield</u>

ALL NAMES TO BE IN FULL

¹¹
Allen L. Williams

Aug 29, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Revere
(CITY OR TOWN.)

FULL NAME *James Gerard Long* Registered No. _____
 Place of Death* *434 Revere St.* Date of Death *Sept. 1.* 190 *7*
 Residence *28 Cedar St. Charlestown* Age *3* years *3* months *21* days

STATISTICAL DETAILS

SEX <i>M.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>S.</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Charlestown Mass</i>		
NAME OF FATHER <i>Patrick J.</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER ‡ <i>Catherine Donovan</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION _____		
INFORMANT \$ <i>Patrick J. Long 28 Cedar St. Charlestown</i>		

PLACE OF BURIAL OR REMOVAL ‖ <i>Holy Cross, Malden</i>	DATE OF BURIAL _____ 190 _____
UNDERTAKER <i>H. H. Callahan</i>	ADDRESS <i>351 32 Warren St. Charlestown</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 27* 190 *7* to *Sept 1* 190 *7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Intestinal indigestion with malnutrition*
 (DURATION) *3 mos* DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *B. J. McLaughlin* M.D.
Sept 1 190 *7* (Address) *170 Middle St. Malden*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

\$ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

No
1

James Heard Long

Sept 1 - 1907



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

REVERE
Winthrop
(CITY & TOWN)FULL NAME *Ellen Olsen*Registered No. *126*Place of Death *Winthrop Mass*Date of Death *Sept-6th* 1907Residence *No 37 Banks St Winthrop Mass* Age *37*

years months days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Norway

NAME OF FATHER

Ellen Olsen

BIRTHPLACE OF FATHER ‡

Norway

MAIDEN NAME OF MOTHER

Bertha Remudson

BIRTHPLACE OF MOTHER ‡

Norway

OCCUPATION

Mariner

INFORMANT §

Rasmus Olsen

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Winthrop Cemetery Sept-8th 1907

UNDERTAKER

ADDRESS

John W Sprague 120 Meridian St East Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug* 1907, to *Sept 6* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Phthisis*(DURATION) *27* DAYS

Contributory:

(DURATION) DAYS

(Signed) *R B McKeach* M.D.*Sept 6* 1907 (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give Its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

71

Oliver Olsen

Sept 6, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Bertha M. Jackson* Registered No. *1184*
 Place of Death* *Winthrop Mass* Date of Death *Sept 7* 190*7*
 Residence *235 Court Road* Age *20* years *2* months *18* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Bertha M. Allen</i>		
HUSBAND'S NAME † <i>Albert R. Jackson</i>		
BIRTHPLACE ‡ <i>Fairhaven Mass</i>		
NAME OF FATHER <i>Geo. F. Allen</i>		
BIRTHPLACE OF FATHER ‡ <i>Fairhaven</i>		
MAIDEN NAME OF MOTHER <i>Sarah E. Dunham</i>		
BIRTHPLACE OF MOTHER ‡ <i>Dunham Mass</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Husband</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 1st* 190*7* to *Sept 7* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Confinement (Incident to)*

(DURATION) *7* DAYS
 Contributory: *Septic Infection*
 (DURATION) *6* DAYS
 (Signed) *B. Metcalf* M.D.
Sept 8 190*7* (Address) *Winthrop Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? *7 days* months days
 Where was disease contracted, If not at place of death?

Filed

190..... Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Fairhaven Mass</i>	DATE OF BURIAL <i>Sept 9</i> 190 <i>7</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Winthrop Mass</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Pro 72

Bertha Macken

Sept 7-1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *Sept 8th 1907*Name in full, *Alexander Douglas*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *77* Years, *—* Months, *—* Days. Occupation, *Retired*Residence, *Winthrop Mass* Ward, *—*Place of Death, *228 Main Street*

(State year, month and day.)

Place of Birth, *Perth Amboy Scotland* Date of Birth, *—*Name and Birthplace of Father, *Unknown, Scotland*Maiden Name and Birthplace of Mother, *Unknown, Scotland*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Summer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Sept 9 1907*
Alexander Douglas Age, *77* years.I hereby certify that I attended deceased from *April 1907*, to *Sept 7 1907*, that I last saw *him* alive on the *7* day of *Sept* 1907, that *he* died on the *8* day of *Sept* 1907, about *7* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Multiple Abdominal Cancer*
Contributing cause, *—*Duration { Chief Cause, *Six months*
Contributing cause, *—**J. E. Johnson* M. D.

* If an Institution, state how long an inmate and previous residence.

Alexander Douglas
Sept 5 - 1907

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *September 11* 1907Name in full, *Mary Elizabeth Ingalls*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *76* Years, *5* Months, *21* Days. Occupation, *—*Residence, * *Winthrop Mass* Ward, *—*Place of Death, *Buchanan Street* (State year, month and day.)Place of Birth, *Boston Mass* Date of Birth, *Mar 21* 1907Name and Birthplace of Father, *Mrs Ingalls - Carlisle Mass*Maiden Name and Birthplace of Mother, *Elizabeth C. Mansfield - Massachusetts*Place of Interment, *Mount Auburn Cemetery**Summer Field*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~Boston~~, *Sept 12* 1907Name and Age of Deceased, *Mary Elizabeth Ingalls* Age, *76* years.I hereby certify that I attended deceased from *May 17* 1907, to *Sept. 11* 1907, that I last saw *her* alive on the *11* day of *Sept* 1907, that *she* died on the *11* day of *Sept* 1907, about *4* o'clock~~A.M.~~ P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Apoplexy*
Contributing cause, *age*Duration { Chief Cause, *—*
Contributing cause, *—**A. B. Borman* M. D.

Mary Elizabeth Magallon
Sept 11-1907

Permit No. _____

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *Sept 15 1907*Name in full, *Horace R. Tewksbury*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male*Color, *White*Condition, *Married*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *52* Years, *5* Months, *~* Days. Occupation, *Salesman*Residence, *Winthrop Mass*Ward, *~*Place of Death, *18. Marshall Street*

(State year, month and day.)

Place of Birth, *Winthrop Mass* Date of Birth, *April 16 1855*Name and Birthplace of Father, *Thomas S. Tewksbury - Chelsea*Maiden Name and Birthplace of Mother, *Adaline Richardson - Moultonbrough NH*Place of Interment, *Winthrop Cemetery Winthrop Mass**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop**Boston,**Sept 17**1907.*Name and Age of Deceased, *Horace R. Tewksbury*Age, *52* years.I hereby certify that I attended deceased from *1906* 190, to *Sept 15*1907, that I last saw *him* alive on the *15th* day of *Sept* 1907,that *he* died on the *15* day of *Sept* 1907, about *9:45* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Perutivis Anaemia*
Contributing cause, _____Duration { Chief Cause, *One year*
Contributing cause, _____*W. M. D.*

M. D.

* If an Institution, state how long an inmate and previous residence.

Donald A. Leepold
Sept 15 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Sept 21* 190*7*.Name in full, *Doris E. Mitchell*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *Black* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *3* Years, *3* Months, *15* Days. Occupation, Residence, * *Winthrop Mass* Ward, Place of Death, *15, Oakland Street*
(State year, month and day.)Place of Birth, *Winthrop* Date of Birth, *June 6* 190*7*Name and Birthplace of Father, *Adolphus A. Mitchell - Boston Mass*Maiden Name and Birthplace of Mother, *Florence J. Sanow - Boston Mass*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Sept 22* 190*7*.
Doris E. Mitchell Age, *3 1/2* months years.I hereby certify that I attended deceased from *Aug 19* 190*7*, to *Sept 21*190*7*, that I last saw *her* alive on the *18* day of *Sept* 190*7*,that *she* died on the *21* day of *Sept* 190*7*, about *2* o'clock*A.M.* or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cholera Infantum*
Contributing cause, *hæmorrhage*Duration { Chief Cause, *Cholera Infantum*
Contributing cause, *hæmorrhage**E. J. Page* M. D.

* If an Institution, state how long an inmate and previous residence.

Alvina L. Mitchell

Sept 21-1907

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *Sept 26 1907*Name in full, *Georgianna Thurston**Widow Georgianna Sias*
(If married or divorced woman give maiden name, also name of husband.)Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *65* Years, *1* Months, *22* Days. Occupation, *Hotel Keeper*Residence, *Hotel Shirley* Ward,Place of Death, *Hotel Shirley, Winthrop*
(State year, month and day.)Place of Birth, *Asiipee, N.H.* Date of Birth, *Aug 4 1842*Name and Birthplace of Father, *William Sias Asiipee, N.H.*Maiden Name and Birthplace of Mother, *Belinda B. Thurston, Asiipee, N.H.*Place of Interment, *Mount Auburn**W. H. Taylor Cambridge*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston *Sept 26 1907*
Name and Age of Deceased, *Georgianna Thurston* Age, *65* years.I hereby certify that I attended deceased from *Sept 17 1907*, to *Sept 26 1907*, that I last saw *her* alive on the *25* day of *Sept 1907*, that *she* died on the *26* day of *Sept 1907*, about *10 1/2* o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cerebral Embolism*
Contributing cause,Duration { Chief Cause, *nine days*
Contributing cause,*R. E. Johnson* M. D.

11
Geopelia striata
Sept 26-1909

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mari L. Nadeau* Registered No. _____
 Place of Death* } *54 Buchanan St Wintthrop* Date of Death } *Oct 4* 190 *7*
 Residence *54 Buchanan St Wintthrop* Age *82?* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>F</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>W.</i>
MAIDEN NAME † <i>Unknown</i>		
HUSBAND'S NAME † <i>Damos M.</i>		
BIRTHPLACE ‡ <i>Montreal Canada</i>		
NAME OF FATHER <i>Unknown</i>		
BIRTHPLACE OF FATHER † <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Unknown</i>		
BIRTHPLACE OF MOTHER ‡ <i>Unknown</i>		
OCCUPATION		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept. 22* 190 *7* to *Oct. 4* 190 *7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Hemorrhage*
 (DURATION) *7* DAYS

Contributory: *Arterio-Sclerosis* (DURATION) _____ DAYS
 (Signed) *H. J. Porter* M.D.
Oct. 5 190 *7* (Address) *Wintthrop, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190

Clerk

PLACE OF BURIAL OR REMOVAL <i>Hoodlawn bur. Society</i>	DATE OF BURIAL <i>Oct. 6</i> 190 <i>7</i>
UNDERTAKER <i>E. G. Brown</i>	ADDRESS <i>E. Boston</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

78

Mari L. Maclean

(Oct 4 - 1907)

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Oct 5 1907.Name in full, Verna M. Whitham
Maiden Name, Verna M. Main wife of Jesse B. Whitham
(If married or divorced woman give maiden name, also name of husband.)Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 25 Years, 1 Months, X Days. Occupation, housewifeResidence, 15 Marshall St Ward, DorchestPlace of Death, Metcalfe Hospital
(State year, month and day.)Place of Birth, St. Johns Newfound Date of Birth, 1882Name and Birthplace of Father, John F. Main NewfoundMaiden Name and Birthplace of Mother, Place of Interment, Winch of Cemetery Winch of Mass
Capo Belemson
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, October 7th 1907.Name and Age of Deceased, Verna M. Whitham Age, 25 years.I hereby certify that I attended deceased from August 21st 1907, to October 5th 1907, that I last saw her alive on the 5th day of October 1907 that she died on the 5th day of October 1907, about 4³⁰ o'clock~~A.M.~~, or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, auto infection, incidental to conjugal
Contributing cause, Duration { Chief Cause, 6 weeks
Contributing cause, obstruction

M. D.

Verne M. Whitman
Octo-1909.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, October 7th 1907.

Name in full, Esther Jane Gray Mason
 " " " Perkin's
 (If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White - Condition, Married
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 80 Years, ~ Months, ~ Days. Occupation, ~

Residence, * Waltham Mass Ward, ~

Place of Death, 95, Somerset Avenue
 (State year, month and day.)

Place of Birth, Taunton Mass Date of Birth, ~

Name and Birthplace of Father, John Perkin's - Berkley Mass
 Maiden Name and Birthplace of Mother, Betsy Hastings Weston Mass

Place of Interment, Waltham Cemetery
Burriel Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct. 7th 1907.

Name and Age of Deceased, Esther J. G. Mason Age, 80th years.

I hereby certify that I attended deceased from Oct 5 1907, to Oct 7 1907 that I last saw her alive on the 6th day of Oct 1907 that she died on the 7th day of Oct 1907, about 9 o'clock A.M., or ~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Softening of Brain
 Contributing cause, old age

Duration { Chief Cause, 2 years
 Contributing cause, ~

George H. French M. D.

* If an institution, state how long an inmate and previous residence.

Esther Jane Gray Mason
Oct - 7, 1907



COMMONWEALTH OF MASSACHUSETTS

REVERSE.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Susan C. Foster* Registered No. _____
Place of Death* *Metcalf Hos. Winthrop* Date of Death *Oct 9* 190*7*
Residence *Bellingham Ave* Age *42* years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>F</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>X</i>
MAIDEN NAME † <i>Susan C. Markes</i>		
HUSBAND'S NAME † <i>Lehel J. Foster</i>		
BIRTHPLACE † <i>Nova Scotia</i>		
NAME OF FATHER <i>Jaymes Markes</i> <i>Rejeriah Weeks</i>		
BIRTHPLACE OF FATHER † <i>Nova Scotia</i>		
MAIDEN NAME OF MOTHER <i>Rejeriah Weeks</i>		
BIRTHPLACE OF MOTHER † <i>Nova Scotia</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Husband</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept. 20* 190*7* to *Oct. 9* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pulmonary Embolus*
(DURATION) *1* DAYS

Contributory: *Had been operated on*
for carcinoma of uterus (DURATION) *12* DAYS

(Signed) *W. T. Winthrop* M.D.
Oct. 12 190*7* (Address) *198 Marlborough St. Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190____ Clerk

PLACE OF BURIAL OR REMOVAL † <i>Woodlawn Cem.</i>	DATE OF BURIAL <i>Oct. 12</i> 190 <i>7</i>
UNDERTAKER <i>Walter T. White</i>	ADDRESS <i>368 Broadway</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

81

Lusan b Foster

Oct 9:-1907

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Wintthrop Mass

Date of Death,

Oct 18-1907

Name in full,

William H. Barter

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Male

Color,

White

Condition,

Single(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)

Age, — Years, 1 Months, 18 Days. Occupation, —

Residence,*

5 Charles St

Ward,

Place of Death,

5 Charles St

Place of Birth,

Wintthrop Mass

Date of Birth,

(State year month and day.)

*Sept 1-1907*Name and Birthplace
of Father,*William H. Barter Boston*Maiden Name and
Birthplace of Mother,*Margaret C. Callahan Boston*

Place of Interment,

*Calvary Boston**W J Cassidy*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop, Mass Oct. 18th 1907.
~~Boston~~Name and Age
of Deceased,*William H. Barter Jr*

Age, 48 days years

I hereby certify that I attended deceased from — — 190 , to *Oct. 17th*
 1907, that I last saw *him* alive on the *17th* day of *Oct.* 1907,
 that *he* died on the *18th* day of *Oct.* 1907, about *6* o'clock

A.M., ~~on Oct.~~, and that, to the best of my knowledge and belief, the cause of *his* death
 was as follows:

Disease

Chief cause,

Premature birth

Contributing cause,

Malnutrition

Duration

Chief Cause,

Contributing cause,

A. B. Bowman

M. D.

* If an institution, state how long an inmate and previous residence.

William H. Barker

Dec 18-1907

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *October 20th* 190*7*.Name in full, *Robert Bruce Craib*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *52* Years, *10* Months, *~* Days. Occupation, *Mechanical Engineer*Residence, * *Winthrop Mass* Ward, *~*Place of Death, *249 Pleasant Street*Place of Birth, *Sorel Canada* Date of Birth, *Jan 31st 1854*
(State year, month and day.)Name and Birthplace of Father, *William Craib = Perth Scotland*Maiden Name and Birthplace of Mother, *Mary J. Duggan = Ireland (North)*Place of Interment, *Edson Cemetery Lowell Mass**Dunkley & Co*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *Oct 21st* 190*7*.
Name and Age of Deceased, *Robert Bruce Craib* Age, *52* years.I hereby certify that I attended deceased from *1906*, to *Oct 20th*
190*7*, that I last saw *him* alive on the *19th* day of *October* 190*7*,
that *he* died on the *20th* day of *October* 190*7*, about *10.30* clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *Worms ataxia*
Contributing cause, *General Paralysis*Duration { Chief Cause, *several years*
Contributing cause, *~**J. H. Metcalf*

M. D.

Oct 22 - 1907

Robert Bruce Kerail

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

W. South of
(CITY OR TOWN.)

FULL NAME *Joseph Nardi* Registered No. *388*
 Place of } *50 Sea Bourn Ave* Date of } *Oct 22nd* 1907
 Death* }
 Residence *" " "* Age *82* years *8* months *11* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Italy</i>		
NAME OF FATHER <i>Unknown</i>		
BIRTHPLACE OF FATHER ‡ <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Unknown</i>		
BIRTHPLACE OF MOTHER ‡ <i>Unknown</i>		
OCCUPATION <i>Mfg -</i>		
INFORMANT § <i>Wife</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 8th* 1907, to *Oct 22* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Chronic Interstitial Nephritis*

(DURATION) *30 years* DAYS

Contributory:

(DURATION) DAYS

(Signed) *J. M. E. Alf* M.D.

Oct 24 1907 (Address) *304 Yea*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Wm. H. Coffey</i>	DATE OF BURIAL <i>Oct 24</i> 1907
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>Wm. H. Coffey</i>

ALL NAMES TO BE IN FULL

84

Joseph Nardi
Oct 22-1907



COMMONWEALTH OF MASSACHUSETTS

~~REVERE.~~ 390Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Benjamin C. Palfrey Registered No. _____
Place of Death * 100 Sargent St Date of Death Oct 22, 1907
Residence 100 Sargent St Age 82 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Salem Mass</u>		
NAME OF FATHER <u>Unknown</u>		
BIRTHPLACE OF FATHER ‡ <u>Unknown</u>		
MAIDEN NAME OF MOTHER <u>Unknown</u>		
BIRTHPLACE OF MOTHER ‡ <u>Unknown</u>		
OCCUPATION <u>Retired</u>		
INFORMANT § <u>Horace Keiser</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Poisoning by illuminating gas (accidental)
(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) George Augustus Mayhew M.D.
Oct 22, 1907 (Address) 274 Bay State St
Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months 5 Suffolk Co

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____ Clerk

PLACE OF BURIAL OR REMOVAL <u>Winthrop Cemetery</u>	DATE OF BURIAL <u>Oct - 24</u> , 190 <u>7</u>
UNDERTAKER <u>C. R. Benson</u>	ADDRESS <u>Winthrop</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

85

Benjamin L. Calfray
Oct 22-1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Annie E. McCarthy* Registered No. _____
 Place of Death* } *Winthrop Mass* Date of Death } *Oct 24th* 190*7*
 Residence *92 Marshall St* Age *29* years *8* months _____ days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME† *Annie E. Power*HUSBAND'S NAME† *Timothy A. McCarthy*BIRTHPLACE‡ *South Boston*NAME OF FATHER *Francis Power*BIRTHPLACE OF FATHER‡ *Newfoundland*MAIDEN NAME OF MOTHER *Margaret Rowe*BIRTHPLACE OF MOTHER‡ *N. Y.*OCCUPATION *Housewife*INFORMANT§ *Timothy A. McCarthy*PLACE OF BURIAL OR REMOVAL|| *Holy Cross, Malden* DATE OF BURIAL *Oct 26th* 190*7*UNDERTAKER *Frank J. Maloney* ADDRESS *123 Marwick St Winthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct. 18* 190*7* to *Oct 24* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *H. E. Bagdon* M.D.*Oct 24* 190*7* (Address) *17 Central St. Cambridge*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190*7* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

86

Annie to Mrs. Leahy
(Oct 24, 1907)

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *October 25th* 190*7*.Name in full, *Margaret Freeman*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *(Single, Married, Widowed or Divorced.)*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *1* Years, *6* Months, *21* Days. Occupation, *(Blank)*Residence, * *Winthrop Mass* Ward, *(Blank)*Place of Death, *47 Summit Avenue* (State year, month and day.)Place of Birth, *Winthrop Mass* Date of Birth, *(Blank)*Name and Birthplace of Father, *Dean G. Freeman - Nova Scotia*Maiden Name and Birthplace of Mother, *Lena Hayden - Winthrop Mass*Place of Interment, *Winthrop Cemetery**Samuel Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Oct 26 1907*
Margaret Freeman Age, *1 1/2* years.I hereby certify that I attended deceased from *Oct 12 1907*, to *Oct 25th 1907*, that I last saw *her* alive on the *25th* day of *October* 190*7*, that *she* died on the *25th* day of *Oct.* 190*7*, about *6* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Pernicious Anemia*
Contributing cause, *(Blank)*Duration { Chief Cause, *2 mos*
Contributing cause, *(Blank)**W. H. M. D.*
M. D.

Margaret Freeman
Oct 25-1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Ruth Ann Walsh Registered No. _____
 Place of Death* Winthrop Mass Date of Death Oct 28 1907
 Residence 439 Waldemar Ave Age 3 years 3 months — days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED; WIDOWED, OR DIVORCED _____
 MAIDEN NAME† _____
 HUSBAND'S NAME† _____
 BIRTHPLACE‡ Winthrop, Mass.
 NAME OF FATHER Matthew C. Walsh
 BIRTHPLACE OF FATHER‡ Roxbury Boston
 MAIDEN NAME OF MOTHER Ruth Ann Horvath
 BIRTHPLACE OF MOTHER‡ Moundsville W. Virginia
 OCCUPATION Shoe Buyer
 INFORMANT§ Matthew C. Walsh

PLACE OF BURIAL OR REMOVAL||

DATE OF BURIAL _____ 190—

UNDERTAKER

ADDRESS

Frank J. Mahoney Winthrop & East Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1 1907 to Oct 28 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: ConvulsionsContributory: 3 hours (DURATION) _____ DAYSContributory: Brachio pneumonia (DURATION) 8 DAYS(Signed) W. J. Johnson M.D.Oct 28 1907 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190—

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

88

Ruth Ann Halse

Oct 28, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

Col.
 FULL NAME *Leverett Hull Walker* Registered No. _____
 Place of Death * *Oct 29 1907* Date of Death *Oct 29 1907*
 Residence *Fort Banks Winthrop* Age *56* years *7* months *3* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Butter Pa*

NAME OF FATHER

*Nathaniel Walker*BIRTHPLACE OF FATHER ‡ *Newburyport Mass*

MAIDEN NAME OF MOTHER

*Sarah Slater*BIRTHPLACE OF MOTHER ‡ *Unknown*

OCCUPATION

*Commanding officer Artillery Division of Boston Mass*INFORMANT § *Wife*PLACE OF BURIAL OR REMOVAL || *Arlington Cemetery Washington D.C.*DATE OF BURIAL *Oct-30 1907*UNDERTAKER *C. P. Benson*ADDRESS *Winthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 28 1907* to *Oct 29 1907*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Chronic Endocarditis*(DURATION) *6 yrs* DAYSContributory: *Cardiac Failure*(DURATION) *2* DAYS(Signed) *R. B. McKee* M.D.*Oct 30 1907* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? _____ years _____ months _____ days

Where was disease contracted, If not at place of death ? _____

Filed

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

89

Leslie Bennett Hull Hallowell

Oct 29-1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *October 30* 190*7*.
 Name in full, *Stillborn Infant Maringhi*
245 Shirley St.
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, *Female* Color, *White* Condition, *Stillborn Infant*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *Years*, *Months*, *Days*. Occupation, *Stillborn Infant*
 Residence, * *Wintrop, Mass* Ward, *245 Shirley Street*
 Place of Death, *245 Shirley Street* (State year, month and day.)
 Place of Birth, *" " "* Date of Birth, *" " "*
 Name and Birthplace of Father, *Tony Maringhi Italy*
 Maiden Name and Birthplace of Mother, *Margaret Ceffalo Italy*
 Place of Interment, *Wintrop Cemetery*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintrop, Boston *October 30* 190*7*.
 Name and Age of Deceased, *Stillborn Infant* Age, *~* years.

I hereby certify that I attended deceased ~~from~~ *on Oct 30* 190*7*, to

190*7*, that I last saw *never saw* alive on the *~* day of *~* 190*7*,

that *she* died on the *30* day of *Oct* 190*7*, about *~* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Still - born*
 Contributing cause,

Duration { Chief Cause, *Still - born*
 Contributing cause,

Edward F. Foy M. D.

* If an institution, state how long an inmate and previous residence.

Measuring his

Oct 30, 1907

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *November 3^d* 190*7*.Name in full, *Mary Kendall Smith*
Mary Rendell Foyier
(If married or divorced woman give maiden name, also name of husband.)Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *84* Years, *2* Months, *15* Days. Occupation,Residence, * *Winthrop Mass* Ward,Place of Death, *243 Winthrop Street*
(State year, month and day.)Place of Birth, *Waterville Me* Date of Birth,Name and Birthplace of Father, *Stephen Foyier - Waterville Me*Maiden Name and Birthplace of Mother, *Janna Bates - Sandwich Mass*Place of Interment, *Greenland Cemetery - Greenland N. H.**Sumner Floyd* Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *Nov 4th* 190*7*.Name and Age of Deceased, *Mary Kendall Smith* Age, *84* years.I hereby certify that I attended deceased from *Nov 4th* 190*7*, to *Oct 15th* 190*7*, that I last saw *her* alive on the *15th* day of *Oct* 190*7*, that *she* died on the *3^d* day of *November* 190*7*, about *7* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *old age*
Contributing cause, *(Insanity) (Dementia Senile)*

Duration { Chief Cause,

Contributing cause, *3 yrs**B. M. M. M. M.*

M. D.

Young Persons' Guild -
1898-1901

RETURN OF A DEATH

FULL NAME Samuel L. B. Registered No. _____
 Place of Death * Metcalf Hospital, Hinthrop St. Hingham
 Date of Death Nov 5 - 1907 Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Hinthrop Mass

NAME OF FATHER

Stephen Martin J.

BIRTHPLACE OF FATHER ‡

East Boston

MAIDEN NAME OF MOTHER

Elizabeth J. Connors

BIRTHPLACE OF MOTHER ‡

Lonserville Mass

OCCUPATION

INFORMANT §

Martin L. Lane

PLACE OF BURIAL OR REMOVAL ||

Holy Cross, Malden

DATE OF BURIAL

Nov 6 - 1907

UNDERTAKER

Frank L. Maloney

ADDRESS

350 Hinthrop St. Hingham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190_____ to _____ 190_____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Immature birth

(DURATION) _____ DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) _____

Nov. 61907 (Address) 174 Wentworth St.

M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____

How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

92

L. R. Lane

Nov 5, 1907

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Maria S. Schuler* Registered No. _____
 Place of Death * *Nov 13th Winthrop* Date of Death *Nov 13* 190*7*
 Residence *188 Bowdoin St* Age *81* years *5* months *14* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME † *Maria Reilein*HUSBAND'S NAME † *John G. Schuler*BIRTHPLACE ‡ *Germany*NAME OF FATHER *Adam Reilein*BIRTHPLACE OF FATHER ‡ *Germany*MAIDEN NAME OF MOTHER *unknown*

BIRTHPLACE OF MOTHER ‡

OCCUPATION

Housewife

INFORMANT §

Saunders

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cemetery

DATE OF BURIAL

Nov 15 190*7*

UNDERTAKER

C.R. Benson

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov 1* 190*6* to *Nov 13* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Mitral stenosis*
Arterio sclerosis

Several years (DURATION)..... DAYS

Contributory: *as above*

(DURATION)..... DAYS

(Signed) *H. J. Soule* M.D.

Nov 15 190*7* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed

.....190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

73

Maria S. Schuler

Nov 13-1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *November 25th 1907.*Name in full, *Sarah Ingalls*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *105* Years, *6* Months, *~* Days. Occupation, *~ ~ ~*Residence, * *Vinthrop Mass* Ward, *~ ~ ~*Place of Death, *59 Fremont Street*Place of Birth, *Greenwich Mass* Date of Birth, *June 20th 1802*
(State year, month and day.)Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Harmony Grove Cemetery Salem Mass*
Summer Lloyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Vinthrop Boston, Nov 25 1907.*
Sarah Ingalls Age, *105 1/2* years.I hereby certify that I attended deceased from *June 6 1907*, to *Nov 25 1907*, that I last saw *her* alive on the *first* day of *July* 1907, that *she* died on the *25th* day of *Nov* 1907, about *12.30* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Senility*
Contributing cause, *~ ~ ~*Duration { Chief Cause, *Several years*
Contributing cause, *~ ~ ~**J. E. Johnson* M. D.

Sancho Ingallo
Nov 20, 1907

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *November 26* 190*7*.Name in full, *Stillborn Infant (Muller)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *Stillborn* Years, _____ Months, _____ Days. Occupation, _____Residence, * *Winthrop Mass* Ward, _____Place of Death, *54 Shuley Street* (State year, month and day.)Place of Birth, *54 Shuley Street* Date of Birth, *Nov 26* 190*7*Name and Birthplace of Father, *Joseph L. Muller =*Maiden Name and Birthplace of Mother, *Elizabeth Morgan - East Boston*Place of Interment, *Winthrop Cemetery**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston*, 190*7*.

Name and Age of Deceased, } Age, _____ years.

I hereby certify that I attended deceased from 190*7*, to190*7*, that I last saw _____ alive on the _____ day of _____ 190*7*,that _____ died on the _____ day of _____ 190*7*, about _____ o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of _____ death was as follows:

Disease { Chief cause, *Sull Born*
Contributing cause, *Included to Birth*Duration { Chief Cause, _____
Contributing cause, _____*Spencer* M. D.

* If an institution, state how long an inmate and previous residence.

Bruckley
Nov. 26, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Ruby Francis Lockman* Registered No. _____
 Place of } *Metcalf Hospital Wintthrop* Date of } *Dec 2nd* 1907
 Death * } *Dec 2nd* 1907
 Residence *50 Springfield Road America* Age *25* years *2* months _____ days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Ruby Francis Borden</i>		
HUSBAND'S NAME † <i>Wm H. Lockman</i>		
BIRTHPLACE ‡ <i>Chelsea Mass</i>		
NAME OF FATHER <i>Wm Perry Borden</i>		
BIRTHPLACE OF FATHER ‡ <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Marilla J. Stevens</i>		
BIRTHPLACE OF MOTHER ‡ <i>Schola</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Husband</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 1* 1907 to *Dec. 2* 1907 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *air thrombosis*

(DURATION) _____ DAYS
 Contributory: *gradually to complaint*

(DURATION) _____ DAYS
 (Signed) *B. M. M. M.* M.D.

190. (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190. _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>MA Auburn</i>	DATE OF BURIAL <i>Thursday 15</i> 1907
UNDERTAKER <i>C. R. Bennett</i>	ADDRESS <i>Wintthrop</i>

ALL NAMES TO BE IN FULL

Ruby Frances Lockman

Dec 2, 1907.

Permit No. _____

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**

Name in full, *Mary E. Godbold* Date of Death, *Dec. 5 1907*
Gray - Charles M.
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, *F* Color, *M* Condition, *M*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *66* Years, *1* Months, *26* Days. Occupation, *Domestic*
 Residence, *150 Trinton St. East Boston Ward,*
 Place of Death, *17 Court Road Winthrop Mass.*
 (State year, month and day.)
 Place of Birth, *Boston Mass.* Date of Birth, *Oct. 10 1841*
 Name and Birthplace of Father, *Thomas J. Gray Boston*
 Maiden Name and Birthplace of Mother, *Amanda M. McLaughlin Belfast Me.*
 Place of Interment, *Woodlawn Ceme. Everett Mass.*
E. J. Brown
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec. 5 1907.
 Name and Age of Deceased, *Mary E. Godbold* Age, *66* years.
 I hereby certify that I attended deceased from *Nov 30 1907*, to *Dec 5 1907*
 that I last saw *her* alive on the *5th* day of *Dec.* 1907,
 that *she* died on the *5th* day of *Dec.* 1907, about *2* o'clock

AM, P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Double Lobar Pneumonia.*
 Contributing cause,

Duration { Chief Cause, *six days.*
 Contributing cause,

Frank H. Lillias, M. D.

Mary E. Goodold
Dec. 5, 1909

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *December 9th 1907*.Name in full, *Amaziah W. Hill*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *81* Years, — Months, — Days. Occupation, *Locksmith*Residence, * *Winthrop Mass* Ward,Place of Death, *59 Fremont Street*Place of Birth, *Calais Maine* Date of Birth, *Oct 18th 1826*
(State year, month and day.)Name and Birthplace of Father, *Thomas Hill = Calais Maine*Maiden Name and Birthplace of Mother, *Unknown = Calais Maine*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Dummer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *Dec. 10. 9.* 1907.
Name and Age of Deceased, *Amaziah W. Hill* Age, *81* years.I hereby certify that I attended deceased from *Dec 7* 1907, to *Dec 9* 1907, that I last saw *him* alive on the *7th* day of *Dec.* 1907, that *he* died on the *9th* day of *Dec.* 1907, about *'3* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Suppurative Otitis*
Contributing cause, *Nephritis*Duration { Chief Cause, *4 years.*
Contributing cause, *1 month.**W. J. Porter* M. D.

Cum gratia 72 Hall
Aug. 1907

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Alice May Darlow Registered No. _____
 Place of Death* Metcalfe Hospital Date of Death Dec 10 1907
 Residence 22 Lea Down, Wm Age 34 years 1 months 10 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † Alice M. Fisk

HUSBAND'S NAME † Geo W. Darlow

BIRTHPLACE ‡ Waterville Canada

NAME OF FATHER Franklin A. Fisk

BIRTHPLACE OF FATHER ‡ Compton Canada

MAIDEN NAME OF MOTHER Minnie Graham

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION Housewife

INFORMANT § Self & Husband

PLACE OF BURIAL OR REMOVAL || Winsted

DATE OF BURIAL 12/12 1907

UNDERTAKER C. A. Benson

ADDRESS Winsted

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1907 to Dec 10 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: abdominal operation

(DURATION) 9 DAYS
 Contributory: Supp., Heart Failure

(DURATION) 3 DAYS
 (Signed) B. Metcalf M.D.
Dec 1907 (Address) 150 Winsted St Winsted Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death 2 years 9 months 9 days

Where was disease contracted, If not at place of death? Winsted Mass

Filed

1907 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

19

Alice May Darlow

Dec 10, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Mary Ann M. Cate* Registered No. *357*
 Place of Death * *Woburn, Mass., 40 Elmwood Ave*
 Date of Death *Dec 10th 1907* Age *76* years *—* months *—* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>—</i>		
HUSBAND'S NAME † <i>—</i>		
BIRTHPLACE ‡ <i>Ireland</i>		
NAME OF FATHER <i>Bernard M. Cate</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Margaret Kernen</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Domestic</i>		
INFORMANT § <i>Thomas J. Lavery</i> <i>40 Elmwood Ave</i>		
PLACE OF BURIAL OR REMOVAL ‖ <i>St Benedict</i>	DATE OF BURIAL <i>Dec 12th 1907</i>	
UNDERTAKER <i>Frank E. Maloney</i>	ADDRESS <i>25 Woburn St</i>	

I HEREBY CERTIFY that I attended deceased during last illness, from *1906* to *Dec 9* *1907* that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: *Breast cancer*

3 years (DURATION) DAYS
Contributory: *Exhaustion*

(Signed) *Thomas F. Greene* M.D.
Dec 10 1907 (Address) *322 Waverly St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

.....190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.
|| Name of cemetery.

ALL NAMES TO BE IN FULL

100

Mary Ann McLeabe
Dec. 10, 1907

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *December 11th* 190*7*.Name in full, *Roger Lincoln Belcher*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *~* Years, *~* Months, *17* Days. Occupation, *~ ~ ~*Residence, * *Winthrop Mass* Ward, *~*Place of Death, *305. Winthrop Street Nov 24th 1907*
(State year, month and day.)Place of Birth, *Winthrop Mass* Date of Birth, *~ ~ ~*Name and Birthplace of Father, *James Alfred Belcher - Winthrop*Maiden Name and Birthplace of Mother, *Mary E. Greening - New Fundland*Place of Interment, *Winthrop Cemetery**Clammer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~Boston~~, *Dec 12* 190*7*.Name and Age of Deceased, *Roger L. Belcher* Age, *17* *days* ~~years~~.I hereby certify that I attended deceased from *Dec 10th* 190*7*, to *Dec 11th*
190*7*, that I last saw *him* alive on the *10th* day of *Dec* 190*7*,
that *he* died on the *11* day of *Dec* 190*7*, about *9* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *La Grippe*
Contributing cause, *Pneumonia*Duration { Chief Cause,
Contributing cause,*H. J. Soule* M. D.

* If an institution, state how long an inmate and previous residence.

Roger Lundin - Belcher

Dec 11, 1907

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Catherine J. Crowley* Registered No.Place of Death * *Metcalf Hosp. Winthrop Mass*Date of Death *Dec 11th 1907* Age *47* years *—* months *—* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* ~~SINGLE, MARRIED,~~~~WIDOWED, OR~~~~DIVORCED~~MAIDEN NAME † *Catherine J. Murray*HUSBAND'S NAME † *George H.*BIRTHPLACE ‡ *Boston Mass*NAME OF FATHER *John Murray*BIRTHPLACE OF FATHER ‡ *Ireland*MAIDEN NAME OF MOTHER *Mary R. Williams*BIRTHPLACE OF MOTHER ‡ *Ireland*OCCUPATION *Housework*INFORMANT § *Daughter*PLACE OF BURIAL OR REMOVAL || *Calvary Cemetery*DATE OF BURIAL *Dec 13th 1907*UNDERTAKER *Frank A. Maloney*ADDRESS *350 Winthrop St.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 8* 190... to *Dec 11* 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Appendicitis*Contributory: *Pneumonia*(Signed) *H. J. Porter* M.D.190... (Address) *Winthrop, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *238 Huntington St.* How long at *1* Place of Death? *1* DaysWhere was disease contracted, If not at place of death? *33 Chestnut St.*

Filed

190... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL INFORMATION TO BE IN FULL

102

Catherine J. Crowley

Dec. 11, 1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Henry Brathwaite Ashton Registered No.
 Place of Death* } 2 Woodside Pl Winthrop Date of Death } Dec 13 1907
 Residence 9 " " " " " " Age 55 years 6 months 14 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † —HUSBAND'S NAME † —

BIRTHPLACE ‡ Preston Lancashire Eng

NAME OF FATHER Thomas Ashton

BIRTHPLACE OF FATHER ‡ Hackburn Eng

MAIDEN NAME OF MOTHER Lydia Miller

BIRTHPLACE OF MOTHER ‡ Colne Eng

OCCUPATION Salaman

INFORMANT § Son

PLACE OF BURIAL OR REMOVAL || Winthrop Cemetery DATE OF BURIAL 14/5 1907

UNDERTAKER C. R. Benson ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 9 1907 to Dec. 13 1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pleuro-pneumonia

(DURATION) 4 DAYS
 Contributory: Pulmonary pneumonia

(SIGNED) H. J. Porter M.D.
Dec. 15 1907 (Address) Winthrop, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Henry Brathwaite Ashton
Dec 13, 1907

Permit No.

RETURN OF DEATH.*Winthrop* - **BOSTON, MASS.**Date of Death, *December 13* 190*7*Name in full, *Ahrend Oliver Pope*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *25* Years, *10* Months, *1* Days. Occupation, *Student*Residence, * *Winthrop Mass* Ward,Place of Death, *Metcalf Hospital - Winthrop Street*
(State year, month and day.)Place of Birth, *Boston Mass* Date of Birth,Name and Birthplace of Father, *Ahrend C. J. Pope - New York City*Maiden Name and Birthplace of Mother, *Amanda C. Schadt - Mechanicsville Pa*Place of Interment, *Forest Hills Cemetery**Summer Field* Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *Dec 14* 190*7*.
Name and Age of Deceased, *Ahrend Oliver Pope* Age, *25* years.I hereby certify that I attended deceased from *May* 190*7*, to *Dec 13* 190*7* that I last saw *him* alive on the *13* day of *Dec* 190*7*, that *he* died on the *13* day of *Dec* 190*7*, about *12* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Tuberculosis of Kidney*
Contributing cause, *operation*Duration { Chief Cause, *2 years*
Contributing cause,*B. J. M. Curtis* M. D.

* If an institution, state how long an inmate and previous residence.

Alfred Oliver Pope
Dec 13, 1907

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *December 15* 190*7*Name in full, *Mary H. Whittemore*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *72* Years, *7* Months, *~* Days. Occupation, *~*Residence, *Winthrop Mass* Ward, *~*Place of Death, *243 Winthrop Street*Place of Birth, *Wilmington N.S.* Date of Birth, *May 8* 183*5*
(State year, month and day.)Name and Birthplace of Father, *John Weaver = Horton N.S.*Maiden Name and Birthplace of Mother, *Ann Fritz = Wilmington N.S.*Place of Interment, *Woodlawn Cemetery Everett Mass**Charles Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Winthrop Boston, Dec 17* 190*7*.
Mary H. Whittemore Age, *72* years.I hereby certify that I attended deceased from *Dec 15* 190*7*, to *Dec 15* 190*7*, that I last saw *her* alive on the *15* day of *Dec* 190*7*, that *she* died on the *15* day of *Dec* 190*7*, about *11,45* o'clock*A.M.*, or *P.M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Pneumo-pneumonia*
Contributing cause, *Valvular Heart Disease*Duration { Chief Cause, *6 days*
Contributing cause, *several years**E. E. Johnson* M. D.

* If an institution, state how long an inmate and previous residence.

May 7. Whitewater
Kee, 15, 1967

By Rail

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Winthrop

Date of Death

December 15th 1907

Name in full,

William Leslie Coburn

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Male

Color,

White

Condition,

Widower

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 66 Years, Months, Days. Occupation,

R. R. Clerk

Residence,*

Middleboro Mass

Ward,

Place of Death,

Metcalf Hospital Winthrop Street

(State year, month and day.)

Place of Birth,

Hopkinton Mass

Date of Birth,

Name and Birthplace
of Father,

Nathan S. - New Hampshire

Maiden Name and
Birthplace of Mother,

Margaret Pickel - Nova Scotia

Place of Interment,

River Side Cemetery - Fairhaven Mass
Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop

Boston,

Dec. 16

1907.

Name and Age
of Deceased,

William L. Coburn

Age, 66 years.

I hereby certify that I attended deceased from Dec. 12, 1907, to Dec. 15,

1907, that I last saw him alive on the 15 day of Dec. 1907,

that he died on the 15 day of Dec. 1907, about 11 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease

Chief cause, ~~Pneumonia~~

Contributing cause, Pulmonary Oedema

Duration

Chief Cause, 3 days

Contributing cause, 1 day

J. H. Parker

M. D.

* If an institution, state how long an inmate and previous residence.

William Leche Boston

Dec 15, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *December 19* 190*7*.Name in full, *Julia Etta Barker*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *34* Years, *2* Months, *3* Days. Occupation,Residence, * *Winthrop, Mass* Ward,Place of Death, *Metcalf Hospital Winthrop Street*
(State year, month and day.)Place of Birth, *Laurens, Vt* Date of Birth, *Oct 17th 1873*Name and Birthplace of Father, *Henry J. Belcher - Westport N.Y.*Maiden Name and Birthplace of Mother, *Jane Corn - Derby Vt*Place of Interment, *Derby Corn Winthrop Cemetery*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, December 19* 190*7*.
Julia Etta Barker Age, *34* years.

I hereby certify that I attended deceased from 190 , to

190 , that I last saw alive on the day of 190 ,

that died on the day of 190 , about o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Tubercular acid*
Contributing cause, *Pulmonary Oedema*Duration { Chief Cause, *Indefinite*
Contributing cause, *3 days**H. J. Pomeroy* M. D.

Lucia Ella Barker
Dec. 19, 1907

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Wintthrop*Date of Death, *December 19th 1907*Name in full, *Sarah M. Eames*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *66* Years, _____ Months, _____ Days. Occupation, _____Residence, * *Wintthrop Mass* Ward, _____Place of Death, *100 Bliss Avenue*Place of Birth, *New Haven Conn* Date of Birth, *Sept 17th 1841*
(State year, month and day.)Name and Birthplace of Father, *Henry M. Squires - Wintthrop*Maiden Name and Birthplace of Mother, *Mary Baldwin - Woodbridge Conn*Place of Interment, *Derby Conn**Summer Floyd*
Underfaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Wintthrop Boston, Dec 20 1907*
Sarah^m Eames Age, *66* years.I hereby certify that I attended deceased from *Feb* 1907, to *Dec 19* 1907, that I last saw *her* alive on the *15* day of *Dec* 1907, that *she* died on the *19* day of *Dec* 1907, about *8.30* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cancer of Uterus*
Contributing cause, *Exhaustion*Duration { Chief Cause, *Unknown*
Contributing cause, *10 months**Henry F. Brown* M. D.

* If an institution, state how long an inmate and previous residence.

Frank M. Leaver

Dec. 19, 1907

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *December 23* 190*7*.Name in full, *Sarah F. Leonard**William H. Leonard*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *77* Years, *7* Months, *—* Days. Occupation, *—*Residence, * *Winthrop Mass* Ward, *—*Place of Death, *18 Marshall Street*Place of Birth, *Sturtevant Mass* Date of Birth, *May 9* 18*29*
(State year, month and day.)Name and Birthplace of Father, *Jonathan Haynes - June Me*Maiden Name and Birthplace of Mother, *Sarah Ailey - Sturtevant*Place of Interment, *Wendell Mass*
Summer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, December 24* 190*7*.
Name and Age of Deceased, *Sarah F. Leonard* Age, *77* years.I hereby certify that I attended deceased from *—* 190*—*, to *—**190—*, that I last saw *—* alive on the *—* day of *—* 190*—*that *she* died on the *23d* day of *Dec*, 190*7*, about *noon*,
A.M., or *P.M.*, and that, to the best of my knowledge and belief, the cause of *her* death

was as follows:

Disease { Chief cause, *Natural causes (old age)*
Contributing cause, *—*Duration { Chief Cause, *—*
Contributing cause, *—**George Bunker Grayson M.D.*

* If an institution, state how long an inmate and previous residence.

Med. Exam. Suffolk Co.

Sarah F Leonard

Dec. 23, 1907

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Maria Husted* Registered No. _____
 Place of Death* } *41 Temple Ave* Date of Death } *Dec 23* 190*7*
 Residence *41 Temple Ave* Age *74* years *11* months *2* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME† <i>Maria Jones</i>		
HUSBAND'S NAME† <i>Walter I. Husted</i>		
BIRTHPLACE‡ <i>Clapp Hill N.Y.</i>		
NAME OF FATHER <i>Daniel D. Jones</i>		
BIRTHPLACE OF FATHER‡ <i>Hopewell N.Y.</i>		
MAIDEN NAME OF MOTHER <i>Phoebe Holkholm</i>		
BIRTHPLACE OF MOTHER‡ <i>Hopewell N.Y.</i>		
OCCUPATION <i>none</i>		
INFORMANT§ <i>Son</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Indigestion*

Sudden (DURATION) _____ DAYS

Contributory: *Angina Pectoris*

Indefinite (DURATION) _____ DAYS

(Signed) *W. J. Porter* M.D.

Dec. 24, 1907 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Newburg N.Y.</i>	DATE OF BURIAL _____ 190____
UNDERTAKER <i>E. H. Lawrence</i>	ADDRESS <i>42nd St. N.Y.</i>

110

Marina Husted

Dec. 23, 1907



COMMONWEALTH OF MASSACHUSETTS

CITY OF LYNN

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Marguerite W. H. Ryder Registered No. 5
 Place of Death* } 9 Larket St., Lynn Date of Death } Jan. 1. 1908
 Residence Jefferson & Fremont Sts., Winthrop Age 73 years 11 months 19 days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u>
MAIDEN NAME † <u>Harding</u>		
HUSBAND'S NAME † <u>Elisha</u>		
BIRTHPLACE ‡ <u>Chatham, Mass.</u>		
NAME OF FATHER <u>Elisha Harding</u>		
BIRTHPLACE OF FATHER ‡ <u>Mass.</u>		
MAIDEN NAME OF MOTHER <u>Patience Harding</u>		
BIRTHPLACE OF MOTHER ‡ <u>Mass.</u>		
OCCUPATION <u>----</u>		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Probably heart disease

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) J. G. Pinkham, Med Exam M.D.
Lynn
190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

Feb. 5. 1908

Joseph H. Atwood
City Clerk

PLACE OF BURIAL OR REMOVAL <u>Winthrop Cem., Winthrop</u>	DATE OF BURIAL <u>190</u>
UNDERTAKER <u>J. D. Dennis</u>	ADDRESS <u>Lynn</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Marguerite H. H. Ryder
Jan 1-1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Sarah Melvina Bennet Registered No. _____
 Place of } 15 Fremont St. North Date of } Jan 2 1908
 Death * } _____ Death } _____
 Residence " " " Age 59 years 6 months 6 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
MAIDEN NAME † <u>Sarah Melvina Ford</u>		
HUSBAND'S NAME † <u>Geo. H. Bennet</u>		
BIRTHPLACE ‡ <u>East Boston</u>		
NAME OF FATHER <u>David L. Ford</u>		
BIRTHPLACE OF FATHER ‡ <u>Maine</u>		
MAIDEN NAME OF MOTHER <u>Mary Hall</u>		
BIRTHPLACE OF MOTHER ‡ <u>Maine</u>		
OCCUPATION <u>Housewife</u>		
INFORMANT § <u>son, & daughter</u>		

PLACE OF BURIAL OR REMOVAL ‖ <u>Jan 5th 1908 North Cemetery</u>	DATE OF BURIAL <u>1908</u>
UNDERTAKER <u>C. Bennet</u>	ADDRESS <u>North</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1908 1908 to Jan 2 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Shabites

Contributory: Bugots disease (DURATION) 8 yrs DAYS

(Signed) B. Metcalf M.D. (DURATION) 2 yrs DAYS

Jan 4 1908 (Address) Waltham Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

1
Sarah Melvina Dennis
Jan 2 - 1908

Permit No. _____

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.
 Date of Death, *January 2* 190*8*.
 Name in full, *Steele-born (Flanagan)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, _____
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *Steele-born* Years, _____ Months, _____ Days. Occupation, _____

Residence, * *Winthrop Mass.* Ward, _____

Place of Death, *412 Shirley Street* (State year, month and day.)

Place of Birth, *412 Shirley Street* Date of Birth, *Jan 2* 190*8*

Name and Birthplace of Father, *Charles A. Flanagan - Boston*

Maiden Name and Birthplace of Mother, *Lillian G. Fraizer - Nova Scotia*

Place of Interment, *Winthrop Cemetery Winthrop Mass*
Burns & Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Jan 2 190*8*.
 Name and Age of Deceased, *Steele-born (Flanagan)* Age, *0* years.

I hereby certify that I attended deceased from *on Jan 2* 190*8*, to
 190 , that I ^{never} last saw *her* alive on the _____ day of _____ 190 ,
 that *she* died on the *3+6* day of *before Jan 2* 190*8*, about _____ o'clock
 A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death
 was as follows:

Disease { Chief cause, *Steele-born exact cause unknown*
 Contributing cause, _____

Duration { Chief Cause, _____
 Contributing cause, _____

E. J. Gage M. D.

* If an institution, state how long an inmate and previous residence.

Thurston

Jan 2 - 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Winifred Mary Murrell* Registered No.
 Place of Death * } *41 Washington Ave* Date of Death } *June 4* 190*8*
 Residence " " " " Age *2* years *2* months *19* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *-*
 MAIDEN NAME † */*
 HUSBAND'S NAME † */*
 BIRTHPLACE ‡ *Winthrop Mass*
 NAME OF FATHER *Frederick H. Murrell*
 BIRTHPLACE OF FATHER ‡ *Coleschester Eng*
 MAIDEN NAME OF MOTHER *Mary C. McConnell*
 BIRTHPLACE OF MOTHER ‡ *Danielsonville Louisiana*
 OCCUPATION */*
 INFORMANT § *Further*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 30* 190*7* to *Jun 4* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

(DURATION) *7* DAYS
 Contributory: *Pneumonia*

(SIGNED) *B. Metcalf* M.D.
Jun 4 190*8* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed

190

Clerk

PLACE OF BURIAL OR REMOVAL ||

Winthrop

DATE OF BURIAL

Jun 5 190*8*

UNDERTAKER

C R Bernieri

ADDRESS

Winthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Winifred Mary Murrell
Jan 4 - 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *January 9* 190*8*.Name in full, *Helia Agnes Bishop*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *26* Years, *6* Months, *6* Days. Occupation, *Housewife*Residence, * *Winthrop Mass* Ward, Place of Death, *36 Banks Street*
(State year, month and day.)Place of Birth, *Galway Ireland* Date of Birth, Name and Birthplace } *John J. Nestor - Galway Ireland*
of Father, }Maiden Name and } *Mary Walsh - Galway Ireland*
Birthplace of Mother, }Place of Interment, *Holy Cross Cemetery, Malden*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age } *Winthrop Boston Jan 10 1908*
of Deceased, } *Helia Agnes Bishop* Age, *26* years.I hereby certify that I attended deceased from *Dec* 190*7*, to *Jan 8* 190*8*, that I last saw *her* alive on the *8th* day of *January* 190*8* that *she* died on the *9th* day of *Jan* 190*8*, about *7:30 am* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Phthisis*
Contributing cause, Duration { Chief Cause, *one year*
Contributing cause, *W. M. C. C.* M. D.

* If an institution, state how long an inmate and previous residence.

Stella Agnes Buckhof

Jan 9-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *Jan. 9* 190*8*.
 Name in full, *Celestia S. Rich*
Celestia S. Chapman - Gilbert Rich
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, *Female* Color, *White* Condition, *Widow*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *80* Years, *11* Months, *3* Days. Occupation, *None*
 Residence, * *Chester St. Watertown* Ward,
 Place of Death, *34 Ocean Ave Winthrop Beach*
 (State year, month and day.)
 Place of Birth, *China N. Y.* Date of Birth, *1827 Feb. 6*"
 Name and Birthplace of Father, *Palmer Chapman (Unknown) Conn.*
 Maiden Name and Birthplace of Mother, *Phoebe Twiss, Charlton Mass*
 Place of Interment, *Charlton, Mass*
Smith and Peak
 Undertaker, *2*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Jan. 9* 190*8*.
 Name and Age of Deceased, *Celestia S. Rich* Age, *80* years.
 I hereby certify that I attended deceased from *Jan. 1* 190*7*, to *Jan. 9*
 190*8*, that I last saw *her* alive on the *6th* day of *Jan* 190*7*,
 that *she* died on the *9th* day of *Jan* 190*7*, about *3* o'clock
 A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death
 was as follows:
 Disease { Chief cause, *Cerebral hemorrhage*
 Contributing cause, *Arterio-sclerosis*
 Duration { Chief Cause, *1 month*
 Contributing cause, *Indefinite*
H. J. Porter M. D.

Electra J. Cook
Jan 9-1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wendover
(CITY OR TOWN.)

FULL NAME Susan Ellen French Registered No. _____
 Place of } 89 Freeman St Date of } Jan 16 1908
 Death * } _____ Death } _____
 Residence Wendover Age 65 years 3 months 12 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
MAIDEN NAME † <u>Susan Eaton</u>		
HUSBAND'S NAME † <u>Humphrey M. French</u>		
BIRTHPLACE ‡ <u>Woburn Mass</u>		
NAME OF FATHER <u>Daniel Eaton</u>		
BIRTHPLACE OF FATHER ‡ <u>Woburn</u>		
MAIDEN NAME OF MOTHER <u>Mary Richardson</u>		
BIRTHPLACE OF MOTHER ‡ <u>Woburn</u>		
OCCUPATION <u>Widow</u>		
INFORMANT § <u>Sir Ora French</u>		

PLACE OF BURIAL OR REMOVAL ||

Woodbury Cemetery
Woburn

DATE OF BURIAL

Sat 18 1908

UNDERTAKER

C. R. Benson

ADDRESS

Wendover

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1908 to Jan 15 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: arterio sclerosis

Contributory: Heart failure
 (DURATION) 2 DAYS

(Signed) C. M. M. M. M.D.
Jan 16 1908 (Address) 170 in Rye

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
 Place of Death ? _____ years _____ months _____ days
 Where was disease contracted,
 if not at place of death ? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

6

Susan Ellen French
Jan 16, 1908

Permit No. _____

RETURN OF DEATH.~~BOSTON, MASS.~~~~WINTHROP, MASS.~~Date of Death, Jan 18 1908.Name in full, Thomas F. Tierney
Mary E. Nash
(If married or divorced woman give maiden name, also name of husband.)Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 35 Years, _____ Months, _____ Days. Occupation, ClerkResidence, * 25 Belcher St Winthrop Ward, _____Place of Death, 25 Belcher St " _____
(State year, month and day.)Place of Birth, Boston Date of Birth, _____Name and Birthplace of Father, Michael Tierney IrelandMaiden Name and Birthplace of Mother, Ellen IrelandPlace of Interment, Holy Cross MaldenRichard J. Burke Undertaker.
42 Banker Hill St
Charlestown**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, Thomas F. Tierney 35 years.
Winthrop
Boston Jan 19 1908.I hereby certify that I attended deceased from 1906 190 , to Jan 18 1908, that I last saw him alive on the 16 day of January 1908, that he died on the 18 day of January, 1908, about _____ o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Spastic paralysis (general)
Contributing cause, _____Duration { Chief Cause, 2 years
Contributing cause, _____(S. Metcalf)

M. D.

House to Henry

Jan 18, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME Frank W. Mills Registered No. _____
 Place of Death* } 23 Shore Drive Date of Death } Jan 19 1908
 Residence 23 Shore Drive Age 53 years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Maidstone Kent County England

NAME OF FATHER

William Hills

BIRTHPLACE OF FATHER ‡

Maidstone Kent County Eng

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

bookkeeper & Cashier

INFORMANT §

wife

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cemetery

DATE OF BURIAL

Jan 21 1908

UNDERTAKER

C. R. Bernison

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness from _____ 190 _____ to _____ 190 _____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Dilatation of the HeartOedema of the Brainand Lung (DURATION) _____ DAYSContributory: Acute Infectious Pneumonia

(SIGNED) _____ (DURATION) _____ DAYS

(Signed) George Bruno Magrath M.D.Jan 19 1908 (Address) Med Exam Subklo

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ? _____ years _____ months _____ days

Where was disease contracted, if not at place of death ? _____

Filed

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

8

Frank H. Hills

Jan 19-1908

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, January 27th 1908

Name in full, Amanda M. C. Pope

"

"

"

Schadt

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 52 Years, Months, 19 Days. Occupation, ...

Residence, * Winthrop Mass Ward, Cliff Avenue

Place of Death, " " " (State year, month and day.)

Place of Birth, Mechanicsville Penn Date of Birth, Jan 8th 1856

Name and Birthplace of Father, Mrs. B. Schadt = So Whitehall Penn

Maiden Name and Birthplace of Mother, Lucinda E. Sterner = " " "

Place of Interment, Forest Hills Cemetery - West Roxbury
Dummer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Jan 28 1908.
Name and Age of Deceased, Amanda M. C. Pope Age, 52 years.

I hereby certify that I attended deceased from on Jan 26 1908, to

190, that I last saw her alive on the 26th day of January 1908,that she died on the 27th day of January 1908, about 4 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Cancer of the Gall Bladder & Intestine
Contributing cause, Intestinal ObstructionDuration { Chief Cause, About 6 months
Contributing cause, About 4 weeks

E. B. ... M. D.

* If an institution, state how long an inmate and previous residence.

Canada no. 6140

Jan 27-1908

CITY OF
BOSTON.

RETURN OF A DEATH—1908.

FULL NAME.....Thomas Abbott..... Registered No.....863

Place of Death } Boston Mass Charitable Eye & Ear Infirmary
and Residence }

Date of Death.....Jan 27.....1908. Age 62 years 3 months 4 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.
M W M

Maiden Name.....

Husband's Name.....

Birthplace.....

Name of Father.....John

Birthplace of Father.....Unknown

Maiden Name of Mother.....Martha Hartford

Birthplace of Mother.....Unknown

Occupation.....Barber

Informant.....

Place of Burial or removal.....Winthrop Cem Mass

Undertaker.....C R Bennison

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1908, to.....1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primacy } Lepto-meningitis Diffuse?
(Duration)

36 hrst

Contributory: } Acute Otitis media with
(Duration)

Mastoiditis 2 most

(Signed).....T. J. Shannahan.....M.D.

Jan 28.....1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence.....82 Sunnyside Av Winthrop

Filed.....Jan 30.....1908

A true copy.
Attest:

EWM Glenen

Registrar.

Thomas Abbott
Jan 29-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, June 28th 1908.Name in full, Edward J. P. Keating

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 39 Years, — Months, — Days. Occupation, Letter CarrierResidence, * 109 Buchanan St. Ward,Place of Death, 109 Buchanan St. (State year, month and day.)Place of Birth, Boston Mass Date of Birth,Name and Birthplace of Father, John Keating - IrelandMaiden Name and Birthplace of Mother, Mary S. McDonough - IrelandPlace of Interment, Holy Cross Malden
W. J. Kelly Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, Edward J. P. Keating Age, 39 years.
Boston June 29th 1908.I hereby certify that I attended deceased from June 28th 1908, to June 28th 1908 that I last saw him alive on the 28th day of June 1908 that he died on the 28th day of June 1908, about 11 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Cancer of Stomach,
Contributing cause, Dilated StomachDuration { Chief Cause, 3 yrs
Contributing cause,B. M. Kelly

M. D.

Ernest J. P. Heating
Jan 28-1908

CITY OF
BOSTON.

RETURN OF A DEATH—1908.

FULL NAME.....Alexander H Gillis..... Registered No.....1062.....Place of Death } Boston
and Residence } Relief StationDate of Death.....Feb 1.....1908. Age.....55.....years...6.....months.....1days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name.....

Husband's Name.....

Birthplace.....Unknown P E IName of Father.....Peter GillisBirthplace of Father.....ScotlandMaiden Name of Mother.....Jessica McKenzieBirthplace of Mother.....ScotlandOccupation.....Real Estate

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1908, to.....1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Oedema of the brain and
(Duration) } Lungs Hemorrhage and shock
due to crush of thigh & legContributory: } Run over by a caravan
(Duration) }(Signed).....G B Magrath.....M.D.Feb 3
1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal. Mt Auburn Cambridge Mass.Undertaker.....W J StokesUsual Residence.....Winthrop Mass - 34 MainFiled.....Feb 5.....1908A true copy.
Attest:EWM Glenen

Registrar.

Alexander McMillan
Feb 1 - 1908.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *February 2nd 1908*Name in full, *Charles H. Perkins*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *74* Years, *3* Months, *8* Days. Occupation, *Retired*Residence, *Winthrop Mass* Ward, *—*Place of Death, *34 Perkins Street*

(State year, month and day.)

Place of Birth, *Charlestown Mass* Date of Birth, *Oct 25th 1833*Name and Birthplace of Father, *Joseph Perkins = Malden Mass*Maiden Name and Birthplace of Mother, *Sarah Faulkner = Malden Mass*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, Feb. 4. 1908.*Name and Age of Deceased, *Chas. H. Perkins* Age, *74* years.I hereby certify that I attended deceased from *Feb. 2* 1908, to *Feb. 22*1908, that I last saw *him* alive on the *26* day of *Jan.* 1908,that *he* died on the *22* day of *Feb.* 1908, about *2* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Mitral Stenosis*
Contributing cause, *Old age*Duration { Chief Cause, *Indefinite*
Contributing cause, *—**W. J. Porter* M. D.

Charles H. Perkins

Feb. 2-1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Walter S. Sampson* Registered No. _____
 Place of Death } *16 Ware Way Weymouth Mass* Date of Death } *Feb 2* 190*8*
 Residence " " " " " Age *73* years *11* months *11* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION

INFORMANT § _____

PLACE OF BURIAL OR REMOVAL || _____

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 1* 190*7* to *Feb 2* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Diabetes
Several years (DURATION) _____ DAYS

Contributory: *Chronic Nephritis*

(DURATION) _____ DAYS

(Signed) *H. J. Porter* M.D.

Feb 4 190*8* (Address) *Weymouth*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

12

Walter S. Sampson

Feb. 2 - 1908

RETURN OF A DEATH

FULL NAME *Edward H. Harding* Registered No. _____
 Place of Death * *58 Center St., Hingham, Mass.*
 Date of Death *Feb 14th 1908* Age *67* years _____ months _____ days

STATISTICAL DETAILS

SEX *Male* COLOR *White* ~~SINGLE, MARRIED,~~
~~WIDOWED, OR~~
~~DIVORCED~~
 MAIDEN NAME † _____
 HUSBAND'S NAME † *✓*
 BIRTHPLACE ‡ *Charlestown Mass*
 NAME OF FATHER *Humphrey A.*
 BIRTHPLACE OF FATHER ‡ *Hamden, Me.*
 MAIDEN NAME OF MOTHER *Martha R. Winslip*
 BIRTHPLACE OF MOTHER ‡ *Boston, Mass.*
 OCCUPATION *Policeman (Retired)*
 INFORMANT § *Wife, Mary E. Harding*

PLACE OF BURIAL OR REMOVAL || *Holy Cross, Malden* DATE OF BURIAL *Feb 7th 1908*
 UNDERTAKER *Frank J. Maloney* ADDRESS *550 W. 11th St., Hingham*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 3* 1908 to *Feb 4* 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Mitral Insufficiency*
 (DURATION) _____ DAYS

Contributory: *Acute Gastritis* (DURATION) *2* DAYS

(Signed) *Huvenfelz* M.D.
Feb 5 1908 (Address) *355 W. 11th St., Hingham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1908 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

13

Edward W. Harding

Feb. 4-1908

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *February 9* 190*8*.Name in full, *Barbara Jackson*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*Condition, *I*(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *1* Years, *1* Month*s*, *9* Days. Occupation,Residence, * *Winthrop, Mass*

Ward,

Place of Death, *35, Sea Foam Avenue*

(State year, month and day.)

Place of Birth, *Winthrop, Mass*Date of Birth, *Jan 1* 190*8*Name and Birthplace
of Father, *Henry M. Jackson*Maiden Name and
Birthplace of Mother, *Helena G. Mc Ginness*Place of Interment, *Holy Cross Cemetery, Malden**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age
of Deceased, *Winthrop Boston, Feb 9 1908**Barbara Jackson*Age, *1 year 9 months* years.I hereby certify that I attended deceased from *July 1* 190*8*, to *Feb 9* 190*8*, that I last saw *her* alive on the *July* day of *July* 190*8*,that *she* died on the *9* day of *July* 190*8*, about *12* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Marasmus*
Contributing cause, *Tracheitis*Duration { Chief Cause, *129 days*
Contributing cause, *129 days**E. Johnson* M. D.

Barbara Lee Brown

1st 9-1908.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Albert Webster Richardson Registered No. _____
 Place of Death * 263 Winthrop Street Date of Death Feb 17 1908
 Residence " " " " Age 54 years 5 months 21 days

STATISTICAL DETAILS

SEX Male Male SINGLE, MARRIED, WIDOWED, OR DIVORCED married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 15 1908 to Feb. 17 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Contributory: _____

(Signed) _____

Feb. 20 1908 (Address) 177 Winthrop Street M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

15

Albert Webster Richardson

Feb-17-1908

Richardson 7-1-1908
Webster 7-1-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *February 19*, 1908Name in full, *Susan P. Cook**Susan P. Briggs*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*Condition, *Widowed*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *77* Years, *7* Months, *5* Days. Occupation, *—*Residence, * *Winthrop Mass*Ward, *—*Place of Death, *19 William Street*

(State year, month and day.)

Place of Birth, *Paris Me*Date of Birth, *—*Name and Birthplace of Father, *Thomas Briggs = Unknown*Maiden Name and Birthplace of Mother, *Sarah Walker = Unknown*Place of Interment, *Grindstone Cemetery Stoneham**Summer Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age of Deceased, *Winthrop Boston, Feb 20 1908*
Susan P Cook Age, *77* years.I hereby certify that I attended deceased from *Sept 1904*, to *Feb 19 1908*, that I last saw *her* alive on the *19* day of *Feb* 1908, that *she* died on the *19* day of *Feb* 1908, about *7* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Chronic Valvular Heart Disease*
Contributing cause, *—*Duration { Chief Cause, *Several years*
Contributing cause, *—**C. E. Jensen* M. D.

Luan P. Cook

Feb-17-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*

Date of Death,

March 3 1908

Name in full,

Harriet Jane Genge

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female*

Color,

White

Condition,

Widowed(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *75* Years,*2* Months,*0* Days.

Occupation,

Residence,*

Winthrop, Mass.

Ward,

Place of Death,

262 Winthrop Street

(State year, month and day.)

Place of Birth,

Chelsea, Mass.

Date of Birth,

Name and Birthplace
of Father,*Samuel Belcher - Chelsea, Mass.*Maiden Name and
Birthplace of Mother,*Mary A. Whiting - Whiting, Me.*

Place of Interment,

*Winthrop Cemetery**Summer Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age
of Deceased,*Winthrop, Boston, March 3 1908*
*Harriet Jane George*Age, *75* years.

I hereby certify that I attended deceased from

Feb 27

1908, to

March 3

1908, that I last saw

her

alive on the

22

day of

March

1908,

that *she*

died on the

3d

day of

March

1908, about

2

o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease

Chief cause,

Valvular Heart Disease

Contributing cause,

Angina

Duration

Chief Cause,

Chronic

Contributing cause,

*5 days**Dr. J. C. Benson*

M. D.

Henri Louis George
March 3-1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Natalie Blanch Sears* Registered No. _____
 Place of Death* } *49 Pico Ave. Winthrop. Mass* Date of Death } *March 3* 1908
 Residence *do* *do* Age *30* years *9* months *8* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
 MAIDEN NAME † *Natalie Blanche Pollister*
 HUSBAND'S NAME † *Paul Sears*
 BIRTHPLACE ‡ *New Gloucester. Me.*
 NAME OF FATHER *Joseph M. Pollister*
 BIRTHPLACE OF FATHER ‡ *Freeport. Me.*
 MAIDEN NAME OF MOTHER *Kellie S. Hunnewell*
 BIRTHPLACE OF MOTHER ‡ *Durham. Me.*
 OCCUPATION _____

INFORMANT § *Mrs. Kellie S. Pollister*
49 Pico Ave. Winthrop Mass.
mother

PLACE OF BURIAL OR REMOVAL || *New Gloucester Me.* DATE OF BURIAL *March 6* 1908
 UNDERTAKER *M. F. Rodgers* ADDRESS *Malden. Mass.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 4* 1907 to *March 1* 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

(DURATION) _____ DAYS

Contributory: *Tuberculosis of Lung*

(DURATION) _____ DAYS

(Signed) *P. J. Conroy* M.D.

March 4 1908 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1908 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

18

Natalie Blanch Sears

March 3, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Henry J. Schell Registered No. _____
 Place of Death* } Winthrop Date of Death } March 5 1908
 Residence Temple Avenue Age 52 years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Cologne Germany

NAME OF FATHER

Mitchell Schell

BIRTHPLACE OF FATHER ‡

Germany

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

Supt. U.S. Construction Dept.

INFORMANT §

Son

PLACE OF BURIAL OR REMOVAL ||

Cremation N. Auburn

DATE OF BURIAL

Cremation
Mar 10 1908

UNDERTAKER

C. A. Benson

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Multiple injuries
caused by being struck
and run over by a (LOCATION) DAY 8
steam railroad train
 Contributory _____

(DURATION) _____ DAY 8

(Signed) Long Burgess Magnath M.D.
 _____ 190____ (Address) Med. Exam.
Suffolk Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

19

Henry J. Schell

Mar 5 - 1908

CITY OF
BOSTON.

RETURN OF A DEATH—1908.

FULL NAME Willis A D Hadley (alias William) Registered No. 2145Place of Death } Boston
and Residence } South Station, Room 290Date of Death Mar 6 1908. Age 40 years 3 months 19 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name.....

Husband's Name.....

Birthplace Dresden MeName of Father Horace HadleyBirthplace
of Father -----Maiden Name
of Mother Susan E BlairBirthplace
of Mother Dresden MeOccupation R R Brakeman

Informant.....

Place of Burial
or removalWinthrop "Winthrop Cem"

Undertaker.....

Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,

from.....1908, to.....1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary
(Duration)Natural causes, prob.Heart Dis. (no autopsy)Contributory: }
(Duration)(Signed) Geo. B. Magrath M.D.Mar 6 1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WinthropFiled Mar 9 1908A true copy.
Attest:E. W. McGlenen

Registrar.

Willis A. W. Hadley

Mar 6 - 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Sarah K. Seymour Registered No. 38111
 Place of Death* } Deane 4th Shore Drive Date of Death } Mar 9 1908
 Residence Winchester Mass Age 74 years 3 months 7 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † Sarah K. Spooner

HUSBAND'S NAME † John A. Seymour

BIRTHPLACE ‡ Brandon VT

NAME OF FATHER Sylvester Spooner

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Sarah Knowlton

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Housewife

INFORMANT § Lon Geo. B. Seymour

PLACE OF BURIAL OR REMOVAL || Cleveland Ohio

DATE OF BURIAL

190.....

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 6 1908 to Mar 9 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Indigestion

(DURATION) 3 DAYS

Contributory: Cerebral Hemorrhage

(DURATION) 2 DAYS

(Signed) W. F. Powers M.D.

Feb 9 1908 (Address) Winchester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

20

Sarah K. Seymour

Mar 9- 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME Arthur Redman Registered No. _____
 Place of Death* } Worcester Mass Washington Ave Date of Death } Mar 10 1908
 Residence Worcester Mass Age 24 years 5 months 4 days

STATISTICAL DETAILS

SEX Male COLOR _____ SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Lansdown Ont
Leeds Co

NAME OF FATHER

Joseph. P. Redmond

BIRTHPLACE OF FATHER ‡

Essex Ont

MAIDEN NAME OF MOTHER

Elizabeth Hodgkins

BIRTHPLACE OF MOTHER ‡

London Ont

OCCUPATION

Clark

INFORMANT §

Fuchs

PLACE OF BURIAL OR REMOVAL ||

Lansdown Ont

DATE OF BURIAL

Mar 13 1908

UNDERTAKER

E. R. Benson

ADDRESS

Worcester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 6 1908 to Mar. 11 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Diphtheria(DURATION) 4 DAYSContributory: Septic Pneumonia(DURATION) 1 DAY

(Signed) _____

W. J. Porter

M.D.

Mar. 12 1908 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

1908

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

21

Arthur Redman

Mar 16 - 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Louisa D. Wolf* Registered No. _____
 Place of Death } *Fort Banks Wrentham* Date of Death } *Mar 11* 190*8*
 Residence " " " Age *82* years *10* months _____ days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

MAIDEN NAME † *Louisa Wright*HUSBAND'S NAME † *David O. DeWolf*BIRTHPLACE ‡ *Adams New York State Jefferson Co*NAME OF FATHER *Stephen B. Wright*BIRTHPLACE OF FATHER ‡ *Deerfield Mass*MAIDEN NAME OF MOTHER *Hannah Kellogg*BIRTHPLACE OF MOTHER ‡ *Hartford Conn*

OCCUPATION

INFORMANT § *Daughter*PLACE OF BURIAL OR REMOVAL || *Adams N. Y.*DATE OF BURIAL *Mar 14* 190*8*UNDERTAKER *C. B. Emmon*ADDRESS *Wrentham*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 24th* 190*8* to *Mar 11* 190*8*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Fracture of neck of right femur due to fall in walking, on Feb. 23rd 08*

(DURATION) *17* DAYSContributory: *Old age and general atrophy*

(DURATION) _____ DAYS

(Signed) *P. Washburn* M.D.*Mar 12* 190*8* (Address) *St. Banks, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190*8*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

22

Louisa DeWolf

Mar 11-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Winthrop

Date of Death, March 14th 1908.Name in full, Eliza LyonsEliza Hanley-James Lyons

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 76 Years, - Months, - Days. Occupation, HomeResidence, 131 Winthrop St Ward,Place of Death, 131 Winthrop St

(State year, month and day.)

Place of Birth, Ireland Date of Birth,Name and Birthplace of Father, Patrick Hanley - IrelandMaiden Name and Birthplace of Mother, Elizabeth Unknown - IrelandPlace of Interment, ~~Holy Cross~~ Malden DorchesterM. J. Kelly

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, March 16 1908.Name and Age of Deceased, Eliza Lyons Age, 76 years.

I hereby certify that I attended deceased from 1908, on Feb. 22 1908, that I last saw her alive on the 22nd day of Feb 1908, that she died on the fourteenth day of March 1908, about — o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, myelitis
Contributing cause, Senility

Duration { Chief Cause, Two months
Contributing cause, —

Edward J. GraingerM. D.

Handwritten text, possibly a signature or date: 1908

Permit No.

RETURN OF DEATH.*Wintthrop***BOSTON, MASS.**Date of Death, *March 17* 1908
Name in full, *Frank H. Stevens*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *57* Years, *—* Months, *—* Days. Occupation, *Salesman*Residence, * *Wintthrop Mass* Ward, *—*Place of Death, *15. Cross Street*
(State year, month and day.)Place of Birth, *Royalston VT* Date of Birth, *—*Name and Birthplace } *Royalston VT.*
of Father, }Maiden Name and } *Julia W. North Reading Mass*
Birthplace of Mother, }Place of Interment, *Forest Hills Cemetery**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop Boston, March 18* 1908.
Name and Age } *Frank H Stevens* Age, *57* years.
of Deceased, }I hereby certify that I attended deceased from *May* 1907, to *March 17* 1908, that I last saw *him* alive on the *16* day of *March* 1908, that *he* died on the *17* day of *March* 1908, about *1* o'clock*A.M.* or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Cerebral apoplexy*
Contributing cause, *Arterio sclerosis*Duration { Chief Cause, *Since May 07*
Contributing cause, *several years**St. Johnsson* M. D.

* If an institution, state how long an inmate and previous residence.

Frank H. Bruce

Dec 17-1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Sarah Ann Randall* Registered No.Place of Death * *Meterolf Hospital, Hingham, Mass.*Date of Death *March 27th 1908.* Age *29* years *—* months *—* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME † *Sarah Ann Connor*HUSBAND'S NAME † *Thomas E. Randall*BIRTHPLACE ‡ *Ireland*NAME OF FATHER *Thomas Connor*BIRTHPLACE OF FATHER ‡ *Ireland*MAIDEN NAME OF MOTHER *Sarah Sherkey*BIRTHPLACE OF MOTHER ‡ *Ireland*OCCUPATION *Housewife*INFORMANT § *Thomas E. Randall*PLACE OF BURIAL OR REMOVAL || *St. Mary's Cross, Malden* DATE OF BURIAL *Mar 29th 1908*UNDERTAKER *Frank J. Maloney* ADDRESS *550 Hingham St.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *March 20, 1908* to *March 27, 1908*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Lobar Pneumonia*(DURATION) *10* DAYS
Contributory: *Pulmonary Oedema*(DURATION) *1* DAYS
(Signed) *H. J. Porter* M.D.*March 27, 1908* (Address) *Hingham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *25 Beacon St.* How long at Place of Death? *7* DaysWhere was disease contracted, if not at place of death? *25 Beacon St.*Filed *190* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

25

Sarah Jane Randall

Mar 27-1908

RETURN OF A DEATH

FULL NAME William McMillan Registered No. _____Place of Death * 310 Shirley St WintthropDate of Death March 29 - 1908 Age 75 years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE † _____

Albany Prince Edward Island

NAME OF FATHER

Alexander McMillan

BIRTHPLACE OF FATHER † _____

Albany P. E. ?

MAIDEN NAME OF MOTHER

Mary Hayden

BIRTHPLACE OF MOTHER † _____

P. E. ?

OCCUPATION

None

INFORMANT §

Mrs J. E. Cole

PLACE OF BURIAL OR REMOVAL ||

Forest Hills

DATE OF BURIAL

March 31 1908

UNDERTAKER

J. P. Waterman & Son's

ADDRESS

Roxbury Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 15 1908 to March 29 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: CarcinomaSecondary: Indurated (DURATION) _____ DAYSContributory: Senility (DURATION) _____ DAYS(Signed) W. J. Porter M.D.March 29 1908 (Address) Wintthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1908 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

26

William M. McLean

Nov 29-1908

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *April 1* 190*8*
Name in full, *Julian De Witt Orcutt*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *28* Years, *8* Months, *6* Days. Occupation, *Salesman*Residence, * *Winthrop Mass* Ward, Place of Death, *160 Somerset Avenue* (State year, month and day.)Place of Birth, *West Medford* Date of Birth, Name and Birthplace of Father, *William B. Orcutt - Georgia VI*Maiden Name and Birthplace of Mother, *Katie E. Wheeler - Milford N. H.*Place of Interment, *Winthrop**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, April 3* 190*8*
Name and Age of Deceased, *Julian De Witt Orcutt* Age, *28* years.I hereby certify that I attended deceased from *Mar 21* 190*8*, to *April 1* 190*8*, that I last saw *him* alive on the *First* day of *April* 190*8*, that *he* died on the *First* day of *April* 190*8*, about *1³⁰* o'clock*A.M.*, or *P.M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Septicaemia*
Contributing cause, Duration { Chief Cause, *about 1 month*
Contributing cause, *O E Johnson* M. D.

Julian D. Mott
April 1, 1908

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Name in full, *Lenora M. Hamilton* Date of Death, *April 4th 1908*Sex, *Female* Color, *White* Condition, *Widowed*
(If married or divorced woman give maiden name, also name of husband.)
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *74* Years, *7* Months, *—* Days. Occupation, *—*Residence, * *Winthrop Mass* Ward, *—*Place of Death, *19 Beach Road*
(State year, month and day.)Place of Birth, *Nova Scotia* Date of Birth, *—*Name and Birthplace of Father, *James Miller - Nova Scotia*Maiden Name and Birthplace of Mother, *Margaret Campbell Eastport Me*Place of Interment, *Graveswood Cemetery, Stineham Mass*
Summer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~*Boston*~~, *Apr. 5.* 190*8*.
Name and Age of Deceased, *Lenora M. Hamilton* Age, *74* years.I hereby certify that I attended deceased from *Apr 2* 190*8*, to *Apr. 4.*
190*8*, that I last saw *her* alive on the *3d* day of *Apr.* 190*8*,
that, *she* died on the *4* day of *Apr.* 190*8*, about *7* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Mitral Regurgitation*
Contributing cause, *Asthma*Duration { Chief Cause, *Indefinite*
Contributing cause, *Indefinite**H. J. Porter* M. D.

* If an Institution, state how long an inmate and previous residence.

Wheat 17. 1000 bush
Apr. 4-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *Martin F. Kelly* Date of Death, *April 4* 190*8*.

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M* Color, *W* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *27* Years, Months, Days. Occupation, *Labour*

Residence, * *79 Atlantic St.* Ward,

Place of Death, *79 Atlantic St.*
(State year, month and day.)

Place of Birth, *East Boston Mass.* Date of Birth,

Name and Birthplace of Father, *Patrick Ireland*

Maiden Name and Birthplace of Mother, *Bridget Keough Ireland*

Place of Interment, *Holy Cross, Malden*

D. J. Lane
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *April 6* 190*8*.

Name and Age of Deceased, *Martin F. Kelley* Age, *27* years.

I hereby certify that I attended deceased from *Dec 17* 190*6*, to *Feb 22*, 190*8*, that I last saw *him* alive on the *22nd* day of *Feb* 190*8*, that *he* died on the *4th* day of *April* 190*8*, about o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease { Chief cause, *Pulmonary Tuberculosis*
 Contributing cause, *Laryngeal Tuberculosis*

Duration { Chief Cause, *16 months*
 Contributing cause, *about 1 year*

D. B. Hurley M. D.

* If an Institution, state how long an inmate and previous residence.

20 Chelsea St. E. B.

29
Martin F. Kelley
Apr. 4 - 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Westham
(CITY OR TOWN.)

FULL NAME Augustine Knowles Registered No. 42
 Place of Death * Westham Insane Hospital, Westham, Mass. Date of Death April 6, 1908
 Residence Winsted, Mass. Age 46 years 11 months 1 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Belfast, Me

NAME OF FATHER

Raymond Knowles

BIRTHPLACE OF FATHER ‡

Belfast, Me.

MAIDEN NAME OF MOTHER

Lisa Fitzgerald

BIRTHPLACE OF MOTHER ‡

Lowell, Mass.

OCCUPATION

Electrical Engineer

INFORMANT §

Hospital and
E. A. Knowles,
70 Washington St., Boston, Mass.

PLACE OF BURIAL OR REMOVAL ||

Mt. Auburn Cem.
Cambridge, Mass.

DATE OF BURIAL

April 7, 1908

UNDERTAKER

ADDRESS

E. L. Wood, Westham, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 28, 1907 to April 6, 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Arteriosclerosis

(DURATION) DAYS

Contributory: Alcoholic Insanity
(Chronic)

(DURATION) DAYS

(Signed) Wm. H. Coles M.D.April 7, 1908 (Address) Westham, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years 7 months 7 days

Where was disease contracted, if not at place of death?

Filed

April 7, 1908 J. P. Miller
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Augustine Knowles

Apr. 6 - 1908.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winstrop, Mass.
(CITY OR TOWN.)

FULL NAME *Nicholas Bridgmont* Registered No. _____
 Place of Death* *Winstrop, Mass.* Date of Death *April 9th* 1908
 Residence *355 Winstrop St. Winstrop* Age *51* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Boston, Mass.</i>		
NAME OF FATHER <i>Nicholas Bridgmont</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Mary M. Costerty</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Custodian</i>		

INFORMANT § *Sister*
Mrs. Margaret Maloney

PLACE OF BURIAL OR REMOVAL || *St. Louis, Mo.* DATE OF BURIAL *April 11* 1908

UNDERTAKER *Frank S. Maloney* ADDRESS *355 Winstrop St.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Hemorrhage*

(DURATION) _____ DAYS
 Contributory: *Incontinence*

(DURATION) _____ DAYS
 (Signed) *Harvey Kelly* M.D.

April 9 1908 (Address) *355 Winstrop St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

30

Lawrence C. Cordergast

Apr 9. 1908

RETURN OF A DEATH—1908.

BOSTON.

FULL NAME -----Callan Registered No. 3728

Place of Death } Boston Boston Lying-In Hospt
and Residence }

Date of Death Apr 14 1908. Age years months 6 days.

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W S

Maiden Name

Husband's Name

Birthplace Boston

Name of Father Edmund B Callan

Birthplace of Father Portland Me

Maiden Name of Mother Louise Hall

Birthplace of Mother Portland Me

Occupation -----

Informant

Place of Burial Mt Hope
or removal

Undertaker L Jones & Son

I HEREBY CERTIFY that I attended deceased during last illness,
from 1908, to 1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Prematurity

Contributory: } Inanition
(Duration)

(Signed) H F Day M.D.

Apr 16 1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop H'ds(62 Temple Ave)

Filed Apr 24 1908.

A true copy.
Attest:

EWM Glenew

Registrar.

Callan

Apr - 14 - 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Sophie Weil Morse* Registered No. _____
 Place of Death* } *28 Trident ave* Date of Death } *April 18* 190*8*
 Residence *Winthrop* Age *83* years *X* months *X* days

STATISTICAL DETAILS

SEX *female* COLOR *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

MAIDEN NAME † *Sophie Weil*

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Behl Germany*

NAME OF FATHER *Abraham Weil*

BIRTHPLACE OF FATHER ‡ *Behl Germany*

MAIDEN NAME OF MOTHER *Unknown*

BIRTHPLACE OF MOTHER ‡ *" "*

OCCUPATION *" "*

INFORMANT § *member of family*

PLACE OF BURIAL OR REMOVAL || *Woburn Mass* DATE OF BURIAL *April 18* 190*8*

UNDERTAKER *C R Benson* ADDRESS *Winthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 15* 190*8* to *Apr. 18* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Fatty Degeneration of Heart*

indefinite (DURATION) _____ DAYS

Contributory: *Chronic Aneurysm*

1 week (DURATION) _____ DAYS

(Signed) *H. J. Park* M.D.

Apr. 21 190*8* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190*8* Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

31
Sophie Bell Morse
Apr 18-1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, Ruth Greenwood Date of Death, April 23rd 1908.
 (Stillborn Infant)
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, Female Color, White Condition, Stillborn
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, Stillborn Years, 0 Months, 0 Days. Occupation, Stillborn
 Residence, * Winthrop Mass Ward, 1
 Place of Death, 149 Lincoln Street (State year, month and day.)
 Place of Birth, " " " Date of Birth, April 23rd 1908
 Name and Birthplace of Father, Edward J. Greenwood Nova Scotia
 Maiden Name and Birthplace of Mother, Blanche E. Greenwood Nova Scotia
 Place of Interment, Winthrop Cemetery - Winthrop Mass
Dummer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, April 25th 1908.
 Name and Age of Deceased, Ruth Greenwood Age, Stillborn years.

I hereby certify that I attended deceased from Apr. 23 1908, to Apr. 23 1908, that I last saw her ~~at~~ on the 23rd day of Apr 1908, that she died on the 23rd day of Apr 1908, about 10 o'clock A.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Stillborn
 Contributing cause, Stillborn

Duration { Chief Cause, Stillborn
 Contributing cause, Stillborn

A. B. Brown M. D.

Smith. Stewart
Apr. 23, 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Herbert A. Sweetland. Registered No. _____
 Place of Death* } 22 King Ave. Winthrop Mass. Date of Death } April 24 1908
 Residence 22 King Ave. Winthrop. Age 39? years _____ months _____ days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED M.
 MAIDEN NAME† _____
 HUSBAND'S NAME† _____
 BIRTHPLACE‡ East Boston Mass.
 NAME OF FATHER Adaniron Sweetland
 BIRTHPLACE OF FATHER‡ Rockland Me.
 MAIDEN NAME OF MOTHER Georganna Gruber
 BIRTHPLACE OF MOTHER‡ Canso N. S.
 OCCUPATION Grocer
 INFORMANT§ brother Mrs A J Sweetland

PLACE OF BURIAL OR REMOVAL|| Woodlawn Court DATE OF BURIAL April 26 1908
 UNDERTAKER O. G. Brown ADDRESS C. Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 7 1908 to April 24 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Typhoid Fever

about 24 (DURATION) DAYS

Contributory: X (DURATION) DAYS

(Signed) J. C. Johnson M.D.

April 24 1908 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190_____ Clerk

* City or town, street and number. If any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

33

Herbert A. Sweetland

Nov. 24 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Grace May Sawyer* Registered No.
 Place of Death* } *23 Center St Winthrop* Date of Death } *May 1st* 190*8*
 Residence *"* Age *26* years *10* months *22* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME † <i>Grace May Webster</i>		
HUSBAND'S NAME † <i>Mr H. Sawyer</i>		
BIRTHPLACE ‡ <i>Lynn Mass</i>		
NAME OF FATHER <i>Walter Webster</i>		
BIRTHPLACE OF FATHER ‡ <i>Conway N.H.</i>		
MAIDEN NAME OF MOTHER <i>Minnie Starkie</i>		
BIRTHPLACE OF MOTHER ‡ <i>Lynn Mass</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Husband</i>		
PLACE OF BURIAL OR REMOVAL <i>Winthrop Mass</i>		DATE OF BURIAL <i>May 3</i> 190 <i>8</i>
UNDERTAKER <i>C. B. Benson</i>		ADDRESS <i>Winthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 1st* 190*8* to *May 1st* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Consumption of lungs*

one year (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) *B. M. Calf* M.D.
May 1st 190*8* (Address) *120 Winthrop St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

34

Grace May Webster

May 1, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, May 4 1908.Name in full, Donald J. Jenkins

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, (Single, Married, Widowed or Divorced.)
(White, Black, Mixed, Chinese, Indian, etc.)Age, 5 Years, 5 Months, 5 Days. Occupation, Residence, Winthrop Mass Ward, Place of Death, 48 Beacon Street (State year, month and day.)Place of Birth, Winthrop Mass Date of Birth, April 30 1908Name and Birthplace of Father, William W. Jenkins - South BostonMaiden Name and Birthplace of Mother, Rosalie E. Wood - New YorkPlace of Interment, Calvary Cemetery
Dummer Lloyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, Winthrop Boston May 5th 1908.
Donald J. Jenkins Age, 5th days.I hereby certify that I attended deceased from Apr. 30th 1908, to May 4th 1908, that I last saw him alive on the 4th day of May 1908, that he died on the 4 day of May 1908, about 2 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, difficult delivery & general weakness
Contributing cause, Duration { Chief Cause,
Contributing cause, Collins & Sons M. D.
1 New South St.

35

Donald J. Jenks

May 4-1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME *Parsons* Registered No. _____
 Place of Death* } *252 Shore Drive* Date of Death } *May 6* 190*8*
 Residence *Worcester Mass* Age *31* years *1* months *1* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *X*
 MAIDEN NAME † _____
 HUSBAND'S NAME † *Parsons*
 BIRTHPLACE ‡ *Worcester*
 NAME OF FATHER *Herbert F. Parsons*
 BIRTHPLACE OF FATHER ‡ *Worcester Mass*
 MAIDEN NAME OF MOTHER *Henrietta F. Green*
 BIRTHPLACE OF MOTHER ‡ *Woodstock Vt*
 OCCUPATION _____
 INFORMANT § *Parent*

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 6* 190*8* to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Stillborn*
Destructive delivery

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *R. H. Gelpatnick* M.D.

May 7 190*8* (Address) *1827 Brighton St Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

236

Parsons
May 6, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, May 6 1908.Name in full, Daniel J. Sullivan

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 43 Years, 7 Months, 13 Days. Occupation, Tile MasonResidence, * Winthrop Mass Ward, _____Place of Death, 18 Read StreetPlace of Birth, South Boston Date of Birth, Oct 23 1864 (State year, month and day.)Name and Birthplace of Father, Daniel J. Sullivan - BostonMaiden Name and Birthplace of Mother, Helen Day - South BostonPlace of Interment, Cedar Grove CemeterySummer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Winthrop ~~Boston~~, May 6 1908.Name and Age of Deceased, } Daniel J. Sullivan Age, 43 years.I hereby certify that I attended deceased from Nov 1907, to May 61908 that I last saw him alive on the 6th day of May 1908that he died on the 6th day of May 1908, about 10:30 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death

was as follows:

Disease { Chief cause, Valvular Heart Disease & Bright's Disease
Contributing cause, _____Duration { Chief Cause, about 6 months
Contributing cause, _____J. J. Sullivan M. D.

David S. Fullin

May 6, 1908

RETURN OF A DEATH

Wentthrop
(CITY OR TOWN.)

FULL NAME Samuel A Mac Donnell Registered No. 228
 Place of Death* Wentthrop Mass 217 Cliff Ave Date of Death May 7th 1908
 Residence Cambridge Mass Age 46 years... months 20 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME†		
HUSBAND'S NAME†		
BIRTHPLACE‡ <u>Ireland</u>		
NAME OF FATHER <u>Samuel A, Mac Donnell</u>		
BIRTHPLACE OF FATHER‡ <u>Ireland</u>		
MAIDEN NAME OF MOTHER <u>Matilda Wray</u>		
BIRTHPLACE OF MOTHER‡ <u>Ireland</u>		
OCCUPATION <u>Glover & Co</u>		

INFORMANT§ <u>Sam A, Mac Donnell</u>	
PLACE OF BURIAL OR REMOVAL <u>Cedar Grove</u>	DATE OF BURIAL <u>May 12</u> 190 <u>8</u>
UNDERTAKER <u>A. L. Eastman</u>	ADDRESS <u>251 Beacon St Boston</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 7 1908 to May 9 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Appendicitis

(DURATION) 2 DAYS
 Contributory: Fatty degeneration of

Heart (DURATION) — DAYS

(Signed) J. J. Johnson M.D.
May 9 1908 (Address) Wentthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

.....190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

38

Samuel A. Macdonnell
May 9. 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Addison H. Tyler Registered No. _____
 Place of Death* Winthrop Mass Date of Death May 11 1908
 Residence Ocean View House Age 76 years 6 months _____ days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Somerset Mass</u>		
NAME OF FATHER <u>Daniel Tyler</u>		
BIRTHPLACE OF FATHER ‡ <u>Unknown</u>		
MAIDEN NAME OF MOTHER <u>"</u>		
BIRTHPLACE OF MOTHER ‡ <u>"</u>		
OCCUPATION <u>Retired</u>		
INFORMANT § <u>Lo</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 5 1908 to May 11 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carcinoma

(DURATION) _____ DAYS

Contributory: Heart

(DURATION) _____ DAYS

(Signed) H. J. Porter M.D.May 16 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190 _____

Clerk

PLACE OF BURIAL OR REMOVAL ‖ <u>Milford Mass</u>	DATE OF BURIAL <u>May 17</u> 190 <u>8</u>
UNDERTAKER <u>C. R. Benson</u>	ADDRESS <u>Winthrop</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK. THIS IS A PERMANENT RECORD.

39

Adrian L. Tyler

May 11, 1908

(FOR POST-MORTEM EXAMINATIONS ONLY.)

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *May 12 1908*Name in full, *Alice Chapman Lord*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *22* Years, *9* Months, Days. Occupation, *none*Residence, *67 Munroe St Roxbury* Ward, Place of Death, *Winchmont Mass*

(State year, month and day.)

Place of Birth, *Boston*Date of Birth, Name and Birthplace of Father, *Augustus E. Lord Plymouth Me*Maiden Name and Birthplace of Mother, *Boston - Mass - Alice Chapman*Place of Interment, *Plymouth - Me*
W. P. Benson

Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *May 12^o* 190*8*.

I hereby certify that I viewed the body of

Name, *Alice Chapman Lord* Age, *22* years.who died *during* on the *11-12^o* day of *May* 190*8*,and to the best of my knowledge and belief, the cause of *her* death was as follows:Autopsy *None*Disease, { Chief cause,
Contributing cause,*Accidental Drowning**Bathing**Geo. Sedman*

M. D.

Med Examiner

Lucie Chapman Lund

May 12, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Frank Carl August Schell Registered No. _____
 Place of Death* } 63 Thornton Park Date of Death } May 12 1908
 Residence Winthrop Age 18 years 5 months X days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ Holyoke MassNAME OF FATHER Emil H. SchultBIRTHPLACE OF FATHER ‡ SwedenMAIDEN NAME OF MOTHER Helda. C. PermederBIRTHPLACE OF MOTHER ‡ SwedenOCCUPATION StudentINFORMANT § FatherPLACE OF BURIAL OR REMOVAL || WinthropDATE OF BURIAL May 14 1908UNDERTAKER C. H. BensonADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 26 1908 to May 12 1908; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Septic Pneumonia(DURATION) 15 DAYSContributory: Pulmonary Cong. Oedema(DURATION) 2 DAYS(Signed) H. J. Port M.D.May 12 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

41

Frank Carl August Schult
May 12, 1908

Bezugian

Wentworth
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Rosa Bezugian Registered No. _____Place of Death* } Metcalf Hospital Date of Death } May 11th 1908Residence 63 Matthews Street Chelsea Age 1 years 6 months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Chelsea Mass

NAME OF FATHER

Arkal Bezugian
Arkal Bezugian

BIRTHPLACE OF FATHER ‡ _____

Bulgaria

MAIDEN NAME OF MOTHER

Antonia

BIRTHPLACE OF MOTHER ‡ _____

Bulgaria

OCCUPATION _____

INFORMANT § _____

I HEREBY CERTIFY that I attended deceased during last illness, from April 11 1908 to May 11th 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Malnutrition

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. Metcalf M.D.

190 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 6 weeks years _____ months _____ daysWhere was disease contracted, if not at place of death? Chelsea

Filed _____

190 _____

Clerk _____

PLACE OF BURIAL OR REMOVAL || _____

Wentworth

DATE OF BURIAL

May 26 1908

UNDERTAKER

C. J. Lemmon

ADDRESS

Wentworth

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

43

Joseph Henry Smith

May 19, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *May 20* 1908Name in full, *Stillborn Infant (Cordes)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Stillborn*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *Stillborn* Years, *0* Months, *0* Days. Occupation, *Stillborn*Residence, * *Winthrop Mass* Ward, *5*Place of Death, *59. Fremont Street* (State year, month and day.)Place of Birth, *" " "* Date of Birth, *May 20* 1908Name and Birthplace of Father, *Joseph I. Cordes - Winthrop*Maiden Name and Birthplace of Mother, *Alice M. Fairbank - Brockton Mass*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Burial Home Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston May 20* 1908.
Name and Age of Deceased, *Stillborn (Cordes)* Age, *0* years.I hereby certify that I attended deceased from *190* , to *190* ,
that I last saw *190* , that I last saw *190* ,
that *190* , died on the *190* , about *0* o'clock
A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *190* death
was as follows:Disease { Chief cause, *Still born*
Contributing cause, *Still born*Duration { Chief Cause, *Still born*
Contributing cause, *Still born**H. J. Porter*

M. D.

* If an institution, state how long an inmate and previous residence.

May 20, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *William Henry Oakes* Registered No. *1184*
 Place of Death* } *2 Burrell Terrace Revere Boston* Date of Death } *May 22* 190*8*
 Residence *Wendell Mass* Age *59* years *1* months *6* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1906* 190*6* to *May 22* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

(DURATION) *5* DAYS

Contributory:

(DURATION) *3* DAYS

(Signed)

M.D. *May 23* 190*8* (Address) *Wendell Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

43

William Henry Cakes
May 22, 1908

Permit No.

RETURN OF DEATH.*Scitthrop* **BOSTON, MASS.**Date of Death, *May 27* 190*8*.Name in full, *Hannah Ann Freeman (Taylor)**S. A. Freeman*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *61* Years, *8* Months, *—* Days. Occupation, *—*Residence, * *Scitthrop Mass* Ward, *—*Place of Death, *61 Washington Avenue*
(State year, month and day.)Place of Birth, *Chatham Mass* Date of Birth, *Sept 27* —Name and Birthplace of Father, *John Taylor = Orleans Mass*Maiden Name and Birthplace of Mother, *Hannah Ann Taylor = Chatham Mass*Place of Interment, *Scitthrop Cemetery*
Funeral Home
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Scitthrop Boston, May 28* 190*8*.
Hannah Ann Freeman Age, *61* years.I hereby certify that I attended deceased from *Nov 1907*, to *—* 190*8*, that I last saw *—* alive on the *—* day of *—* 190*8*, that *she* died on the *27* day of *May* 190*8*, about *—* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Locomotor ataxia*
Contributing cause, *—*Duration { Chief Cause, *2 yrs*
Contributing cause, *—**B. M. Metcalf*

M. D.

Chas. B. Bondy Health

Harold Orr Freeman

May 27, 1918

271

RETURN OF A DEATH

Wentworth Mass.
(CITY OR TOWN.)

FULL NAME *Kolston* Registered No. _____
 Place of Death* } *Fort Barnes* Date of Death } *May 31* 190 *8*
 Residence " " Age *Left Born* years _____ months _____ days _____

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † <i>Kolston</i>		
BIRTHPLACE ‡ <i>Wentworth</i>		
NAME OF FATHER <i>Daniel C. Kolston</i>		
BIRTHPLACE OF FATHER ‡ <i>Bremen Germany</i>		
MAIDEN NAME OF MOTHER <i>Bessie C. Kelley</i>		
BIRTHPLACE OF MOTHER ‡ <i>Phil Pa</i>		
OCCUPATION _____		
INFORMANT § <i>Daniel Kolston</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 31* 190 *8* to *May 31* 190 *8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Stillbirth due to hemorrhage of body and tearing perineal cord around neck* (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *A. H. Williams* M.D.
 _____ 190 _____ (Address) *W. T. Barnes, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Wentworth Cemetery</i>	DATE OF BURIAL <i>June 2</i> 190 <i>8</i>
UNDERTAKER <i>C. B. Bennett</i>	ADDRESS <i>Wentworth</i>

1489-20

47

Kalster

May 31, 1908

RETURN OF A DEATH—1908.

BOSTON.

FULL NAME.....John T. Crompton..... Registered No.....5248

Place of Death } Boston Mass Gen Hospt
and Residence }

Date of Death.....Jun 3.....1908. Age.....54.....years.....months.....days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

M

W

M

Maiden Name.....

Husband's Name.....

Birthplace.....Boston

Name of Father.....John Crompton

Birthplace of Father.....Boston

Maiden Name of Mother.....Phoebe Brereton

Birthplace of Mother.....-----

Occupation.....Produce dealer

Informant.....

Place of Burial or removal.....Mt Hope

Undertaker.....J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1908, to.....1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Gen.Ac.Peritonitis - 4 dys
(Duration)Contributory: } Diphtheritic Colitis with
(Duration) } perforation, Carcinoma of Sigmoid -
4 dys

(Signed).....J L Belknap.....M.D.

Jun 4.....1908.....

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to hospital May 31, 1908

Usual Residence.....Winthrop (78 Crystal Cove)

Filed.....Jun 6.....1908.

A true copy.

Attest:

EWM Glenan

Registrar.

J. L. Crompton
June 3-1908.

RETURN OF A DEATH—1908.

BOSTON.

FULL NAME William A Buckley Registered No. 5292Place of Death } Boston Carriage between Hotel Plaza & E Boston
and Residence }Date of Death Jun 5 1908. Age 45 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name.....

Husband's Name.....

Portland Me

Birthplace.....

Name of

Father.....

Charles M Buckley

Birthplace

of Father.....

Augusta Me

Maiden Name

of Mother.....

Carrie Buckley

Birthplace

of Mother.....

Portland Me

Occupation.....

Insurance

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,

from.....1908, to.....1908,

that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary
(Duration)Fatty degeneration of Heart,Oedema of Brain, AlcoholismContributory: }
(Duration)G B Magrath, Med. Ex.

(Signed).....M.D.

Jun 6

1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal.Winthrop Winthrop CemUsual Residence Winthrop (47 Washington St)

Undertaker

Sumner Floyd

Filed

Jun 8

1908

WinthropA true copy.
Attest.EWM Glenan

Registrar.

1483-20.

William A Buckley
June 5, 1908

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 7th 1908.Name in full, Sarah Melinda Capen

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 65 Years, 0 Months, 0 Days. Occupation, Residence, * Wintthrop Mass Ward, Place of Death, 30. Atlantic Street
(State year, month and day.)Place of Birth, Wintthrop, Mass Date of Birth, Name and Birthplace of Father, Phillips P. Floyd - Chelsea MassMaiden Name and Birthplace of Mother, Sally Ann Floyd - Chelsea MassPlace of Interment, Wintthrop CemeterySummer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 8, 1908.Name and Age of Deceased, S. Melinda Capen Age, 60 years.I hereby certify that I attended deceased from June 14, 1907, to June 7, 1908, that I last saw her alive on the 7th day of June 1908, that she died on the 7th day of June 1908, about 4 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Carcinoma.
Contributing cause, Cardiac Hypertrophy,
Duration { Chief Cause, About three years -
Contributing cause, Several years -H. Willard M. D.

* If an Institution, state how long an inmate and previous residence.

79 Wintthrop St. Wintthrop.

Luak melius Capens

June 7 - 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Adelaide M. Rogers* Registered No.

Place of Death* } *165 River Road* Date of Death } *June 10* 190*8*

Residence *2 21* Age *21* years *11* months *21* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Charlestown Mass

NAME OF FATHER

James F. Rogers

BIRTHPLACE OF FATHER ‡

Boston Mass

MAIDEN NAME OF MOTHER

Adelia Acton

BIRTHPLACE OF MOTHER ‡

Boston

OCCUPATION

School Girl

INFORMANT §

Sister

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

June Winthrop June 12 1908

UNDERTAKER

ADDRESS

C. M. Benson Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 1* 190*8* to *June 10* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cardiac Dropsy*

two weeks (DURATION) DAYS

Contributory: *Bright's Disease (Acute)*

4 days (DURATION) DAYS

(Signed) *H. J. Carter* M.D.

June 11 1908 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

49

Edelaine M. Rogers

June 10, 1908

(FOR POST-MORTEM EXAMINATIONS ONLY.)

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 11, 1908

Name in full, Alice May Wadsworth -
Alice May Wadsworth Laurence,
(If married or divorced woman give maiden name, also name of husband.)Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 23 Years, 1 Months, - Days, Occupation, Housewife

Residence, 29 Munyside Ave. Winthrop, Mass.

Place of Death, MITCHELL Hospital, Winthrop -
(State year, month and day.)

Place of Birth, Roxbury Dist. Boston Date of Birth,

Name and Birthplace of Father, George H. Harris Boston

Maiden Name and Birthplace of Mother, Carrie Hastings "

Place of Interment, Holy Cross, Malden

Frank S. Maloney, Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 12, 1908.

I hereby certify that I viewed the body of

Name, Alice May Wadsworth Age, 23 years.

who died on the 11th day of June 1908.

and to the best of my knowledge and belief, the cause of her death was as follows:

Autopsy, Acute general peritonitis consequent

Disease, { Chief cause, on abortion probably self-

{ Contributing cause, performed

George Burgess Magnall, M. D.
Med Exam. Suffolk Co.

947

Alva M. Wadsworth-

Alva May Wadsworth
June 11, 1908.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, June 18th 1908Name in full, Daniel Storer

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 58 Years, 9 Months, 13 Days. Occupation, DruggistResidence, Winthrop Mass Ward, 1Place of Death, 23 Thornton ParkPlace of Birth, New Gloucester Me Date of Birth, Sept 5th 1849
(State year, month and day.)Name and Birthplace of Father, Lorenzo Storer - Jay MeMaiden Name and Birthplace of Mother, UnknownPlace of Interment, Stadlman CemeterySummer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, Winthrop Boston, June 19th 1908.
Daniel Storer Age, 58 years.I hereby certify that I attended deceased from July 1907, to June 17th
1908, that I last saw him alive on the 12th day of June 1908,
that he died on the 18th day of June 1908, about 6 o'clock
A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death
was as follows:Disease { Chief cause, Carcinoma of urinary bladder
Contributing cause, InanitionDuration { Chief Cause, Unknown
Contributing cause, UnknownAlbion S. Friedman M. D.

* If an Institution, state how long an inmate and previous residence.

18, Union Park

Daniel Howell

June 18, 1908

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *David Smith Gordon* Registered No. *289*
 Place of Death* *Daisy Hill Cottage Win.* Date of Death *June 23 1908*
 Residence *10 John St Chelsea* Age *19* years *10* months *—* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ††

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 22 1908* to *June 23 1908*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebro-Spinal Meningitis*(DURATION) *1* DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) *E. S. Johnson* M.D.*June 24 1908* (Address) *Chelsea Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

†† Name of cemetery.

Johnson

55

Donna Smith Gordon

June 23, 1908

RETURN OF A DEATH

FULL NAME Caroline M. Root Registered No.Place of Death * 106 Grover Ave. WinthropDate of Death June 27, 1908 Age 56 years 8 months 26 days

STATISTICAL DETAILS

SEX <u>female</u>	COLOR <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Southwell</u>	HUSBAND'S NAME † <u>Henry A. Root</u>	
BIRTHPLACE ‡ <u>Taunton Mass.</u>		
NAME OF FATHER <u>Thomas T. Southwell</u>		
BIRTHPLACE OF FATHER ‡		
MAIDEN NAME OF MOTHER <u>Ann</u>		
BIRTHPLACE OF MOTHER ‡		
OCCUPATION <u>none</u>		
INFORMANT § <u>H. A. Root</u> <u>Winthrop</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 25 1908 to June 27 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral HemorrhageContributory: Bright's Disease(Signed) H. J. Porter M.D.June 27 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <u>Mass. Crematory</u>	DATE OF BURIAL <u>June 29</u> 1908
UNDERTAKER <u>J. S. Wakeman & Sons</u>	ADDRESS <u>Boston</u>

53

Caroline M. Root

June 27, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Sampson Registered No. _____
 Place of } Lincoln St Date of } July 3rd 1908
 Death * } Winthrop Mass Death } Per
 Residence _____ Age 1st years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Winthrop</u>		
NAME OF FATHER <u>William A. Sampson</u>		
BIRTHPLACE OF FATHER ‡ <u>Boston</u>		
MAIDEN NAME OF MOTHER <u>Bessie S. Woodill</u>		
BIRTHPLACE OF MOTHER ‡ <u>Ashland Mass</u>		
OCCUPATION <u>i</u>		
INFORMANT § <u>Wm A. Sampson</u>		
PLACE OF BURIAL OR REMOVAL <u>Winthrop Cemetery</u>	DATE OF BURIAL <u>July 7</u> 190 <u>8</u>	
UNDERTAKER <u>E R Bennett</u>	ADDRESS <u>Winthrop</u>	

I HEREBY CERTIFY that I attended deceased during last illness, from July 3 1908 to July 3 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born infant (male)
 (DURATION) _____ DAYS

Contributory: _____
 (DURATION) _____ DAYS

(Signed) W. J. Porter M.D.
July 7 1908 (Address) Winthrop, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
 Place of Death? _____ years _____ months _____ days
 Where was disease contracted,
 If not at place of death? _____

Filed _____ 1908
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

54

Sampson

July 3-1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Margaret Smith* Registered No. _____
 Place of Death* } *46 Sagamore Ave* Date of Death } *July 4* 190*8*
 Residence *Winthrop Mass* Age _____ years _____ months *one* day

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED ☒

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from, *July 4* 190*8* to *same* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

July 6 190*8*(Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted,
If not at place of death?

Filed

_____ 190*8* _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

33

Margaret Smith

July 4 - 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Name in full, *Lucretia W. Wentworth* Date of Death, *July 5th 1908*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *78* Years, *8* Months, *—* Days. Occupation, *—*

Residence, * *Boston Mass* Ward, *—*

Place of Death, *Wintthrop Mass* (State year, month and day.)

Place of Birth, *Boston Mass* Date of Birth, *—*

Name and Birthplace of Father, *John M. Overes - Franklin Mass*

Maiden Name and Birthplace of Mother, *Susan A. Shedd - Boston Mass*

Place of Interment, *Cedar Grove Cemetery*

Sumner Lloyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Wintthrop Boston, July 6 1908.*
Lucretia W Wentworth Age, *78* years.

I hereby certify that I attended deceased from *June 1904*, to *July 5 1908*, that I last saw *her* alive on the *fifth* day of *July* 1908, that *she* died on the *fifth* day of *July* 1908, about *3* o'clock

~~A.M.~~ P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *paretic*
 Contributing cause, *senile shock - pharyngitis*

Duration { Chief Cause, *—*
 Contributing cause, *—*

R. K. Smith M. D.

* If an institution, state how long an inmate and previous residence.

755 Boylston St Boston

Lucetta H. Huntworth

July 5, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Abiel C. Trewoogy Registered No. _____
 Place of Death* Mitcalf Hospital Date of Death July 17 1908
 Residence 93 Pleasant St. Age 54 years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION

INFORMANT § _____

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190_____ to _____ 190_____

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Multiple injuries in-
cluding fracture of the
skull caused by being
run over by a Rose
wagon. (DURATION) _____ DAYS

(Signed) George Binger Mearns, M.D.
 190_____ (Address) Med Exam.
Suffolk Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

57

Abil C. Lewargy

July 17-1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Annie C. Cook* Registered No. *1184*Place of Death* *150 Washington Ave* Date of Death *July 18* 190*8*Residence *Winchot Mass* Age *48* years *4* months *—* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME †

HUSBAND'S NAME † *Sheldon W. Cook*

BIRTHPLACE ‡

Center me

NAME OF FATHER

Malcolm Mac Donald

BIRTHPLACE OF FATHER †

Glasgow Scotland

MAIDEN NAME OF MOTHER

Mary Jane Warren

BIRTHPLACE OF MOTHER †

more River Me

OCCUPATION

housewife

INFORMANT §

Husband

PLACE OF BURIAL OR REMOVAL ||

Winchot Cemetery *July 20* 190*8*

DATE OF BURIAL

UNDERTAKER

E. R. Bennett

ADDRESS

Winchot i

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 8th* 190*8* to *July 18* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Typhoid Fever**4 weeks* (DURATION) DAYSContributory: *Septicemia*(DURATION) *10* DAYS(Signed) *H. J. Porter* M.D.*July 20* 190*8* (Address) *H. J. Porter*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

58

Annie C. Cook

July 18, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Adeline E. Cole* Registered No. *1184*
 Place of Death* } *97 Washington Ave Winthrop* Date of Death } *July 18* 190*8*
 Residence " " " " Age *72* years months *9* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

MAIDEN NAME †

HUSBAND'S NAME † *Edward Cole*

BIRTHPLACE ‡

Duminy Mass

NAME OF FATHER

Wm Parkhurst

BIRTHPLACE OF FATHER ‡

Unknown

MAIDEN NAME OF MOTHER

Clarissa Pope

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

—

INFORMANT §

Nephew

PLACE OF BURIAL OR REMOVAL ||

Mt Walliston Duminy Mass

DATE OF BURIAL

July 20 190*8*

UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

I HEREBY CERTIFY that I attended deceased during last illness, from *July 7* 190*8* to *July 18* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Pneumonia(DURATION) *8* DAYS

Contributory:

Rheumatism(DURATION) *13* DAYS(Signed) *H. J. Porter*

M.D.

July 20 190*8* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

59

Adeline E. Cole

July 18, 1908

Permit No.

RETURN OF DEATH.**WINTHROP, MASS.**Date of Death, July 18, 1908.Name in full, Julia M. Macraff

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 36 Years, ~ Months, ~ Days. Occupation, HousewifeResidence, * Winthrop Mass Ward, ~Place of Death, 199 Winthrop Street (State year, month and day.)Place of Birth, South Boston Date of Birth, ~Name and Birthplace of Father, Thomas Sharpe - EnglandMaiden Name and Birthplace of Mother, Mellie Sharpe - IrelandPlace of Interment, Calvary CemeteryBummer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, Winthrop Boston, July 19, 1908.
Julia M. Macraff Age, 36 years.I hereby certify that I attended deceased from Feb. 22, 1908, to July 17.1908, that I last saw her alive on the 17 day of July, 1908,that she died on the 18 day of July, 1908, about 9 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Pulmonary Tuberculosis
Contributing cause, Pulmonary OedemaDuration { Chief Cause, Influenza
Contributing cause, Too dryJ. H. Foster M. D.

Julia M. Mearns
July 18, 1908

1219
Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Wintthrop
Date of Death, July 20th 1908.

Name in full, Aaron Slater

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 62 Years, 8 Months, 2 Days. Occupation, Merchant

Residence, 64 Waverly St Ward, Rox

Place of Death, Wintthrop, Mass.

Place of Birth, Solin Poland Date of Birth, Oct. 11, 1845
(State year, month and day.)

Name and Birthplace of Father, Isaac Slater Solin Poland

Maiden Name and Birthplace of Mother, Matilda Phillips

Place of Interment, East Boston Ohaveri Sholam

C. R. Remson,
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop Boston, July 20, 1908.

Name and Age of Deceased, Aaron Slater Age, 62 years.

I hereby certify that I attended deceased from July 17, 1908, to July 20, 1908, that I last saw him alive on the 19th day of July 1908, that he died on the 20th day of July 1908, about 12.05 o'clock A.M., ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Myocarditis
Contributing cause, Upper decitis — operati July 19.

Duration { Chief Cause,
Contributing cause,

* If an Institution, state how long an inmate and previous residence.

J. M. Doran M.D.
827 Broadway
Chelsea

Cannon Slater
July 20, 1908

RETURN OF A DEATH

FULL NAME Mary E Philbrick Registered No.Place of Death * 37 Friden Ave Wrentham MassDate of Death July 20 1908 Age 54 years 9 months 14 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † <u>Mary E Canning</u>		
HUSBAND'S NAME † <u>James A Philbrick</u>		
BIRTHPLACE ‡ <u>Inverness Canada</u>		
NAME OF FATHER <u>Robert Canning</u>		
BIRTHPLACE OF FATHER ‡ <u>Inverness Canada</u>		
MAIDEN NAME OF MOTHER <u>Maria Bruce</u>		
BIRTHPLACE OF MOTHER ‡ <u>Ireland</u>		
OCCUPATION <u>Housewife</u>		
INFORMANT § <u>James A Philbrick</u>		
PLACE OF BURIAL OR REMOVAL <u>Forest Hills Cemetery</u>		DATE OF BURIAL <u>July 28 1908</u>
UNDERTAKER § <u>J. S. Waterman</u>		ADDRESS <u>Boston</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 22 1908 to July 26 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Sarcoma of thigh
 (DURATION) about 9 mos DAYS

Contributory:
 (DURATION) DAYS

(Signed) J. Johnson M.D.
July 27 1908 (Address) 37 Friden Ave Wrentham Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed 1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

62

Mary E. Philbrick

July 26-1908

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *July 30th* 190*8*.Name in full, *George F. Payne*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *57* Years, *9* Months, *9* Days. Occupation, *Retired*Residence, *Winthrop Mass* Ward, *—*Place of Death, *15 Thornton Park*Place of Birth, *Chelsea Mass* Date of Birth, *Oct 21st 1859*
(State year, month and day.)Name and Birthplace of Father, *Sylvanus Payne = Brewster Mass*Maiden Name and Birthplace of Mother, *Abbie S. Horton = Eastham Mass*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, July 31st 1908.*
George F. Payne Age, *58* years.I hereby certify that I attended deceased from *July 30th 1908*, to *July 30th 1908*, that I last saw *him* alive on the *29th* day of *July* 190*8*, that *he* died on the *30th* day of *July* 190*8*, about *11¹⁵* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *apoplexy*
Contributing cause, *—*Duration { Chief Cause, *Immediate*
Contributing cause, *—**W. H. Metcalf* M. D.

George F. Payne
July 30, 1908

64

Reliza A Bartow
July 31, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Sarah Jackson* Registered No. _____
 Place of Death* } *32 Perkins St* Date of Death } *July 31* 190 *8*
 Residence *Winthrop Mass* Age *32* years *32* months *2* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>Colored</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME † <i>Sarah Johnson</i>		
HUSBAND'S NAME † <i>Hugh Jackson</i>		
BIRTHPLACE ‡ <i>Scharlottville Va</i>		
NAME OF FATHER <i>Robert Johnson</i>		
BIRTHPLACE OF FATHER ‡ <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Annie Battles</i>		
BIRTHPLACE OF MOTHER ‡ <i>Scharlottville Va</i>		
OCCUPATION <i>Laundries</i>		
INFORMANT § <i>Husband</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 21* 190 *8* to *July 31* 190 *8*; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Indigestion*

(DURATION) *1* DAYS
 Contributory: *Mitral Insufficiency*
Indefinite (DURATION) _____ DAYS

(Signed) *W. J. Porter* M.D.
Aug 2 190 *8* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

*Winthrop Cemetery**Aug 2* 190 *8*

UNDERTAKER

ADDRESS

*C. B. Benson**Winthrop*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

65

Sarah Jackson
July 31, 1908

CITY OF
BOSTON

RETURN OF A DEATH—1908.

FULL NAME Mary A Hosie Registered No. 7054Place of Death } Boston Long Island Hospt
and Residence }Date of Death Aug 4 1908. Age 56 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W W

Maiden Name WentworthHusband's Name Howard M HosieBirthplace QuincyName of Father Jeremiah WentworthBirthplace of Father Unknown MassMaiden Name of Mother Abigail JonesBirthplace of Mother Unknown MassOccupation -----Informant -----Place of Burial or removal Quincy "Mt Wollaston"Undertaker J C Callivan

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1908, to 1908,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Nephritis
(Duration) }Contributory: } Cystitis
(Duration) }(Signed) G W Holmes M.D.Aug 4 1908

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (Billow Ave)Filed Aug 7 1908A true copy.
Attest:E W M Glenan

Registrar.

Mary A. Hosie
Aug 4-1908.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Morrison Registered No. _____
 Place of Death* } Metcalfe Hospital Date of Death } Aug 10th 190
 Residence State Broom Age X years X months X days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>white</u>	SINGLE, MARRIED , WIDOWED , OR DIVORCED
MAIDEN NAME † <u>none</u>		
HUSBAND'S NAME † <u>none</u>		
BIRTHPLACE † <u>Winthrop. Hospital</u>		
NAME OF FATHER _____		
BIRTHPLACE OF FATHER † _____		
MAIDEN NAME OF MOTHER _____		
BIRTHPLACE OF MOTHER † _____ <u>Jessie Morrison</u> <u>E.B.</u>		
OCCUPATION _____		
INFORMANT § <u>Miss Churchill</u> <u>Nurse</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190.....to _____ 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature

(DURATION) 1 day

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. Metcalfe M.D.

190..... (Address) 175 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents,

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190..... Clerk

PLACE OF BURIAL OR REMOVAL ‖ <u>Winthrop Cemetery</u>	DATE OF BURIAL <u>Aug 16</u> 190.....
UNDERTAKER <u>C. B. Morrison</u>	ADDRESS <u>Winthrop</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

66
Harrison

Aug 10, 1908

No. 150

PERMIT FOR TRANSIT.

Form 142

Via Reid Newfoundland Company.

In the town of St. Johns District of St. Johns Wfld

August 15 1908

Permission is hereby given to remove the remains of Mrs. Eliza Chancey

aged 68 who died at St. Johns

(City, or Township and District.)

on the 13 day of Aug 1908 The cause of death being Hemiplegia

from cerebral haemorrhage which is not an infectious disease, and a

Transit Permit being asked for burial at

in the Province or State of

Name of Undertaker:

Signed by

Name of Medical Attendant:

(Official Title.)

(P. O. Address.)

BACK.

Form

Colony of.....Date.....

I Hereby Certify, That the body of.....named in this transit
has been prepared by me for transportation by being.....

Province of..... } (Signed)..... Undertak
County of } On this..... day of..... A.D

before me, a.....(Notary Public, Justice of the Peace), in and fo
Colony of Newfoundland aforesaid, personally appeared.....
to me known, and made oath and said that all of the statements contained in the foregoing are true.

Sworn and subscribed to before me this.....day of.....A.D

[SEAL]

Undertaker's Affidavit—Infectious or Contagious Disease.

Permit No. 11229**RETURN OF DEATH.****BOSTON, MASS.**Date of Death, August 13 1900Name in full, Etiza Chancy

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 63 Years, _____ Months, _____ Days. Occupation, _____

Residence, * _____ Ward, _____

Place of Death, St John Inf (State year, month and day.)

Place of Birth, _____ Date of Birth, _____

Name and Birthplace }
of Father, }Maiden Name and }
Birthplace of Mother, }

Place of Interment, _____

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, _____ 1900Name and Age }
of Deceased, } _____ Age, _____ years.I hereby certify that I attended deceased from _____ 1900 , to _____1900 , that I last saw _____ alive on the _____ day of _____ 1900 ,that _____ died on the _____ day of _____ 1900 , about _____ o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of _____ death
was as follows:Disease { Chief cause, _____
Contributing cause, _____Duration { Chief Cause, _____
Contributing cause, _____

M. D.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *August 16*, 190*8*.Name in full, *Lemard B. Ayers*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *(Single, Married, Widowed or Divorced.)*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *7* Years, *23* Months, *23* Days. Occupation, *()*Residence, * *Winthrop Mass* Ward, *()*Place of Death, *56 Beal Street*Place of Birth, *Winthrop Mass* Date of Birth, *Dec 24*, 190*7*
(State year, month and day.)Name and Birthplace of Father, *Samuel Ayers - Manchester Mass*Maiden Name and Birthplace of Mother, *Isabella Stidstone - Newfoundland*Place of Interment, *Winthrop Cemetery**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Aug 17*, 190*8*.
Lemard B. Ayers Age, *7* ^{*ms*} years.I hereby certify that I attended deceased from *Aug 14*, 190*8*, to *Aug 16*, 190*8*, that I last saw *him* alive on the *16* day of *Aug*, 190*8* that *he* died on the *16* day of *Aug*, 190*8*, about *1* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Convulsions, Summer complaint*
Contributing cause, *Whooping Cough*Duration { Chief Cause, *2 days*
Contributing cause, *2 weeks**Wm M. Caffrey* M. D.

Edward L. Ayres
Aug 16, 1908

Permit No. _____

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Aug 22nd 1908.Name in full, Evelyn F. White

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, WCondition, Single

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 2 Years, 3 Months, — Days. Occupation, _____Residence, Richard Ave Waltham Mass Ward, _____Place of Death, 311 Shuley St Wintthrop Mass

(State year, month and day.)

Place of Birth, Waltham Mass Date of Birth, _____Name and Birthplace
of Father, John P. White Sincerely MassMaiden Name and
Birthplace of Mother, Mary Stacey Waltham MassPlace of Interment, Cabary Cem Waltham MassJohn J. Mooney \$6 1/2
Waltham Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, Aug 22 1908.
Name and Age } Evelyn F. White Age, 2 3 mos
of Deceased, } years.

I hereby certify that I attended deceased from Aug 19 1908, to Aug 21 1908 that I last saw her alive on the 21st day of Aug 1908 that she died on the 21st day of Aug 1908 about 7 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Tubercular Meningitis
Contributing cause, _____

Duration { Chief Cause, one month
Contributing cause, _____

B K Metcalf

M. D.

Erskine J. White
Aug 22, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Alyne Ferris Leyland Registered No. 1184
 Place of Death* } 22 Fern, Bar Ave Winsted Date of Death } Aug 24 1908
 Residence Winsted Age 40 years - months 28 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED married

MAIDEN NAME † Ferris

HUSBAND'S NAME † Frederick W. Leyland

BIRTHPLACE ‡ Providence R. I.

NAME OF FATHER Jacob Almon Ferris

BIRTHPLACE OF FATHER ‡ Elizabeth town N. Y.

MAIDEN NAME OF MOTHER Julia Nutting

BIRTHPLACE OF MOTHER ‡ Providence R. I.

OCCUPATION housewife

INFORMANT § Mother - D. Fisher

PLACE OF BURIAL OR REMOVAL ||

Winsted Cemetery

DATE OF BURIAL

Aug 27 1908

UNDERTAKER

Chas. Benson

ADDRESS

Winsted

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 18 1908 to Aug 24 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

2 weeks (DURATION) DAYS

Contributory: _____

(DURATION) DAYS

(Signed) H. J. Parker M.D.

Aug 26 1908 (Address) Winsted

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 1908

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

69

Alyssa Lewis Leyland

Aug 24, 1908

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME Lee Crockett Registered No. _____
 Place of Death* } Boston Harbor (off Wentworth) Date of Death } Aug. 27 1908
 Residence Elmsdale, P.E.I. Age 18 years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Elmsdale P.E.I.</u>		
NAME OF FATHER <u>John D. Crockett</u>		
BIRTHPLACE OF FATHER ‡ <u>Elmsdale P.E.I.</u>		
MAIDEN NAME OF MOTHER <u>Elysi Clark</u>		
BIRTHPLACE OF MOTHER ‡ <u>Elmsdale P.E.I.</u>		
OCCUPATION <u>Colester</u>		
INFORMANT § <u>Uncle Geo. J. Clark</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Drowning, accidental

(DURATION) _____ DAY

Contributory: _____

(DURATION) _____ DAY

(Signed) George Bunker Maynard M.D.
Aug. 28, 1908 (Address) Med. Ex. Suffolk Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted,
If not at place of death? _____

Filed _____

_____ 190____ Clerk

PLACE OF BURIAL OR REMOVAL ‖ <u>Elmsdale P.E.I.</u>	DATE OF BURIAL _____ 190____
UNDERTAKER <u>C. R. Bennett</u>	ADDRESS <u>Wentworth</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

To
Lee Crockett
Aug 27, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME George P Prior Registered No. _____
 Place of Death* } 15 Washington Ave Date of Death } Aug 29th 1908
 Residence Wenham Mass Age 72 years X months 12 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from July 1908 to Aug 29 1908 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

Aug 31 1908

(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

1908

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

71

George P. Prior

Aug 29-1908.

RETURN OF A DEATH

Winthrop, Mass.
(CITY OR TOWN.)

FULL NAME *Angus M. Eachern* Registered No. _____
 Place of Death* } *Winthrop, Mass* Date of Death } *Aug 31* 190*8*
 Residence *114 Taylor St* Age *27* years. _____ months. _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE † <i>Antigonish N.Y.</i>		
NAME OF FATHER <i>John M. Eachern</i>		
BIRTHPLACE OF FATHER † <i>Post. Road, Cape Breton</i>		
MAIDEN NAME OF MOTHER <i>Mary M. Gleason</i>		
BIRTHPLACE OF MOTHER † <i>Antigonish, Nova Scotia</i>		
OCCUPATION <i>Plumber</i>		
INFORMANT § <i>Father</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 1* 190*8* to *Aug 30* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Phthisis Pulmonalis*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *Robert J. Soule* M.D.
Sept 1 190*8* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years. _____ months. _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190*8* _____ Clerk

PLACE OF BURIAL OR REMOVAL † <i>Holy Cross Church</i>	DATE OF BURIAL <i>Sept</i> 190 <i>8</i>
UNDERTAKER <i>Frank J. Maloney</i>	ADDRESS <i>350 Winthrop St</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

72

August M^r Eachen -
Aug 31 - 1908.

Permit No. _____

RETURN OF DEATH.Winthrop, ~~BOSTON~~, MASS.

Date of Death, Aug 31 1908.

Name in full, Ernest A. Mitchell

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, ~~White~~ Colored. Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, _____ Years, _____ Months, 18 Days. Occupation, _____

Residence, * Winthrop, Mass Ward, _____

Place of Death, 12 Oakland Street

Place of Birth, 12 Oakland St Date of Birth, Aug 13 1901 (State year, month and day.)

Name and Birthplace of Father, Adolphus Mitchell = Boston

Maiden Name and Birthplace of Mother, Florence J. Farrell = Boston

Place of Interment, Winthrop Cemetery

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Winthrop Boston, 1908.
Name and Age of Deceased, Ernest A. Mitchell 2 wks 6 days
Age, _____ years.

I hereby certify that I attended deceased from Aug 25 1908, to Aug 31 08 1908, that I last saw him alive on the 26 day of Aug 1908, that he died on the 31 day of Aug 1908, about 12,30 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Inanition
Contributing cause, Low VitalityDuration { Chief Cause, Inanition
Contributing cause, Low Vitality

Edward F. Eage M. D.

Curtis & Mitchell

Aug 31-1908

Permit No. 436

RETURN OF DEATH.

Winthrop

~~BOSTON~~, MASS.

Date of Death, Sept. 3 1908.

Name in full, Ellen Burns

(If married or divorced woman give maiden name, also name of husband.)

Sex, F. Color, W. Condition, S.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 70 Years, Months, Days. Occupation, Housemaid

Residence, 54 Cliff Ave. Winthrop Mass. Ward,

Place of Death, 54 Cliff Ave. Winthrop Mass.

(State year, month and day.)

Place of Birth, Ireland Date of Birth,

Name and Birthplace of Father, Unknown.

Maiden Name and Birthplace of Mother, Unknown.

Place of Interment, Holy Cross, Malden

Thomas J. Lane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Chelmsford Mass. Sept. 3 - 1908.

~~Boston~~

Name and Age of Deceased, Ella Burns - Age, 70 years.

I hereby certify that I attended deceased from Aug 1, 1908, to Sept 3 1908, that I last saw her alive on the 2nd day of Sept. 1908 that she died on the 3rd day of Sept - 1908, about 6:30 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Anemia
Contributing cause, Progressive Pernicious Anemia

Duration { Chief Cause, One month
Contributing cause, Probably three years

John Milton Wiles

M. D.

*If an Institution, state how long an inmate and previous residence.

131 Wash. Ave Chelmsford Mass.

Nettle House
Sept 3, 1908.

132 N. 10th St.
St. Paul, Minn.

Permit No.

RETURN OF DEATH.

Winthrop ~~Boston~~, MASS.

Date of Death, Sept 4 1908.

Name in full, Geraldine Keenan

(If married or divorced woman give maiden name, also name of husband.)

Sex, F Color, W Condition, A
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, Years, 3 Months, 19 Days. Occupation,

Residence, * 87 Washington Ave. Winthrop Ward,

Place of Death, 87 Washington Ave. Winthrop Mass.
(State year, month and day.)

Place of Birth, Winthrop Mass. Date of Birth,

Name and Birthplace } Brendan Keenan Boston Mass.
of Father,Maiden Name and } Mary L. Sullivan Boston Mass
Birthplace of Mother,

Place of Interment, Holy Cross Malden

Thos. J. Lane
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age } Boston, Sept. 4 1908.
of Deceased, } Geraldine Keenan Age, 3 mos
years.I hereby certify that I attended deceased from July 26 1908, to Sept 4
1908, that I last saw her 3rd alive on the Sept 3rd day of Sept 1908,
that she died on the 4th day of Sept 1908, about o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death
was as follows:Disease { Chief cause, acute Meningitis
Contributing cause, Gastro EnteritisDuration { Chief Cause, 36 hours
Contributing cause, 7 weeks

H. E. Bragdon M. D.

75
—
Geroldine Keenan
Sept 4, 1908

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *Sept 8* 190*8*.Name in full, *Samuel Grandy Irwin*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *81* Years, *2* Months, *24* Days. Occupation, *Real Estate*Residence, *Winthrop Mass* Ward, Place of Death, *247 Main Street,* (State year, month and day.)Place of Birth, *Shelburne Vt. S.* Date of Birth, Name and Birthplace of Father, *Robert G. Irwin - Shelburne Vt. S.*Maiden Name and Birthplace of Mother, *Bella Firth - Shelburne Vt. S.*Place of Interment, *Winthrop Cemetery, Winthrop Mass*
Summer Chapel Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *Sept 10* 190*8*.
Name and Age of Deceased, *Samuel G Irwin* Age, *81* years.I hereby certify that I attended deceased from *Sept 4* 190*8*, to *Sept 8* 190*8*, that I last saw *him* alive on the *5* day of *Sept* 190*8*, that *he* died on the *8* day of *Sept* 190*8*, about *10:45* o'clock*A.M.*, or *P.M.*, and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Exacerbated Pneumonia*
Contributing cause, *Fracture of ribs & collar bone*Duration { Chief Cause, *Pain Days*
Contributing cause, *Three Days**W. J. Thurston* M. D.

* If an institution, state how long an inmate and previous residence.

76
Lamuel G. Sumner

Sept 8, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Elizabeth B. Austin Registered No. _____
 Place of Death* 11 Reddy St Date of Death Wed Sept 9 1908
 Residence Winchester Mass Age 49 years 3 months 6 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME† Elizabeth B. Norton

HUSBAND'S NAME† Alexandria A. Austin

BIRTHPLACE‡ Frammington Me

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER‡

OCCUPATION House wife

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL|| Sept- 11 Winchester Cemetery

DATE OF BURIAL Sept 11th 1908

UNDERTAKER C R Benson

ADDRESS Winchester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 1 1908 to Sept. 9 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Renal Dropsy

3 mos. (DURATION) DAYS
 Contributory: Interstitial Nephritis

Several years (DURATION) DAYS

(Signed) W. J. Porter M.D.

Sept. 10 1908 (Address) Winchester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190_____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

80

Elizabeth Bauler

Sept 9 - 1908

Filed at 3. P. M.

Permit No.

RETURN OF DEATH.

Winthrop

~~BOSTON~~, MASS.Name in full, Arthur A. Sullivan Date of Death, Sept. 11 1908.

(If married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W Condition, Single, Married, Widowed or Divorced.
(White, Black, Mixed, Chinese, Indian, etc.)Age, Years, 10 Months, 21 Days. Occupation,Residence, 29 Washington Ave., Winthrop Ward,Place of Death, 29 Washington Ave., Winthrop Mass.
(State year, month and day.)Place of Birth, E. Boston Mass Date of Birth,Name and Birthplace of Father, Arthur A. E. Boston MassMaiden Name and Birthplace of Mother, Elvior Cronin Charlestown MassPlace of Interment, Holy Cross MaldenPhos. J. Lane Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, Arthur A. Sullivan ^{Winthrop Boston} Sept. 11 1908.
Age, 10 1/2 years.I hereby certify that I attended deceased from Sept. 7 1908, to Sept. 11 1908, that I last saw him alive on the 11th day of Sept. 1908 that he died on the 11th day of Sept. 1908, about 3 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Cholera Infantum
Contributing cause,Duration { Chief Cause, Three days
Contributing cause,Edward J. Trauger M. D.

47
Arthur A Sullivan
Sept 11, 1908

260 Q1111 1908-1909

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Sept. 17 1908.Name in full, Lizzie B. Elder

(If married or divorced woman give maiden name, also name of husband)

Sex, F Color, W Condition, M
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 41 Years, 3 Months, 17 Days. Occupation, HousewifeResidence, 125 Argmont St. Ward, NorthPlace of Death, 125 Argmont St. North
(State year, month and day.)Place of Birth, Pictou N.S. Date of Birth, May 31 1867Name and Birthplace of Father, Angus Pictou N.S.Maiden Name and Birthplace of Mother, Phoebe L. Andrews Frederikton N.B.Place of Interment, Woodlawn Cem. Everett Mass.
Edw Brown.
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, September - 17 1908.Name and Age of Deceased, Lizzie B. Elder Age, 41 years.I hereby certify that I attended deceased from Sept. 10 1908, to Sept. 171908, that I last saw her alive on the 17 day of September 1908,that she died on the 17 day of September 1908, about 3 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Pulmonary Tuberculosis
Contributing cause, Cardiac failureDuration { Chief Cause, Three year
Contributing cause, One weekMary Elizabeth Halsall M. D.
1024 Bennington St.
East Boston,
Mass.

78

Lizzie R. Calsen

Sept 17, 1908.

RETURN OF A DEATH

FULL NAME Elizabeth Ann Prescott Registered No. _____Place of Death * 89 Cottage AvenueDate of Death September 24 1908 Age 51 years 6 months 8 days

STATISTICAL DETAILS

SEX female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedMAIDEN NAME † Elizabeth Ann BrownHUSBAND'S NAME † John PrescottBIRTHPLACE ‡ Boston, MassNAME OF FATHER Robert BrownBIRTHPLACE OF FATHER ‡ IrelandMAIDEN NAME OF MOTHER Eliza ArmstrongBIRTHPLACE OF MOTHER ‡ IrelandOCCUPATION HousewifeINFORMANT § John Prescott

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Mt Hope CemeterySept 26 1908J. B. Leve & Son 560 Columbia Road

Dorchester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 19 1908 to Sept. 24 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Cerebral HemorrhageContributory: Arteriosclerosis (DURATION) 5 DAYS(Signed) H. J. Porter M.D. (DURATION) 5 DAYSSept. 24 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

190. _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

81

Elizabeth Ann Prescott

Sept 24 1908.

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Date of Death, *Sept 28* 190*8*.Name in full, *Sarah S. Marden*(If married or divorced woman give maiden name, also name of husband.)
*George C. Marden*Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *50* Years, *—* Months, *—* Days. Occupation, *—*Residence, * *19 Ocean View Street* Ward, *—*Place of Death, *19 Ocean View Street*
(State year, month and day.)Place of Birth, *East Machias Maine* Date of Birth, *—*Name and Birthplace } *Unknown*
of Father,Maiden Name and } *Unknown*
Birthplace of Mother,Place of Interment, *Winthrop Cemetery Winthrop Mass*
Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age } *Winthrop Boston, September 1908*
of Deceased, } *Sarah S. Marden* Age, *50* years.I hereby certify that I attended deceased from *'907* 190*7*, to *Sept 28*
190*8* that I last saw *her* alive on the *28* day of *Sept* 190*8*,
that *she* died on the *28* day of *Sept* 190*8*, about *1* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of death
was as follows:Disease { Chief cause, *abdominal cancer*
Contributing cause, *neuritis*Duration { Chief Cause, *2 yrs*
Contributing cause, *2 yrs**31 Metcalf* M. D.

Sept 279

Spahr & Meade

Sept 28, 1908

(FOR POST-MORTEM EXAMINATIONS ONLY.)

Permit No. _____

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Oct. 2, 1908Name in full, Jeanette Campbell (Anna Campbell Dumont)
anna Campbell

(If married or divorced woman give maiden name, also name of husband.)

Sex, female Color, white Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 31 Years, 7 Months, 21 Days. Occupation, —Residence, Cincinnati Ohio Ward, —Place of Death, Crest Hall, Wrentham —
(State year, month and day.)Place of Birth, Cincinnati Date of Birth, —Name and Birthplace of Father, John. A. CampbellMaiden Name and Birthplace of Mother, Louisa R. SchulzPlace of Interment, Cincinnati OhioW. R. Benson

Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, Nov. 7 1908I hereby certify that I viewed the body of anna CampbellName, Jeanette Campbell Dumont Age, 31 years.who died on the 2d day of Oct. 1908and to the best of my knowledge and belief, the cause of her death was as follows:

Autopsy

Disease, { Chief cause, Incineration consequent on a
Contributing cause, ConflagrationGeorge Augustus Magraith M. D.Hubert W. S. S. S.

Anna Campbell Stewart

Oct 2, 1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Augusta Sadler Lindsey Registered No. _____
 Place of } 20 Winthrop St Date of } Oct 6 1908
 Death * } _____ Death } _____
 Residence Winthrop Mass Age 93 years _____ months _____ days

STATISTICAL DETAILS

SEX Female COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

MAIDEN NAME † Augusta S. Perry

HUSBAND'S NAME † Wm. Lindsey

BIRTHPLACE ‡ Dighton Mass

NAME OF FATHER Joseph Perry

BIRTHPLACE OF FATHER ‡ Holliston Mass

MAIDEN NAME OF MOTHER Aurilla Sadler

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Retired

INFORMANT § Daughter

PLACE OF BURIAL OR REMOVAL || Monroe St. R. I.

DATE OF BURIAL Oct 9 1908

UNDERTAKER C. R. Bennett

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1900 1908 to Oct 6 1908 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: old age

Contributory: 8 years (DURATION) _____ DAYS

(Signed) B. B. McCall M.D. Oct 9 1908 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1908 Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

82

Augusta Sadler Linsay

Oct 6 - 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Oct 10th* 190*8*.Name in full, *Thomas A. Francis*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *45* Years, *—* Months, *—* Days. Occupation, *Credit Mangr*Residence, * *Wintthrop Mass* Ward, *—*Place of Death, *57 Highland Avenue* (State year, month and day.)Place of Birth, *Boston Mass* Date of Birth, *—*Name and Birthplace
of Father, }Maiden Name and
Birthplace of Mother, }Place of Interment, *Holy Cross Cemetery Malden**Burial Ground*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age } *Wintthrop Boston, Oct. 11th* 190*8*.
of Deceased, } *Thomas A. Francis* Age, *45* years.I hereby certify that I attended deceased from *Oct. 2* 1908, to *Oct. 9th*
1908, that I last saw *him* alive on the *9th* day of *Oct.* 1908,
that *he* died on the *10th* day of *Oct.* 1908, about *6.45* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *cinchosis of the liver*
Contributing cause, *—*Duration { Chief Cause, *six years*
Contributing cause, *—**Thomas E. Egan* M. D.

8.3

Thomas O. Francis

Oct 10-1908

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)FULL NAME Ida. Blunt. Miller Registered No. _____Place of Death* } Melrose Hospital Date of Death } Oct 10 1908Residence 139 Beacon St. Woburn Age X years 2 months X days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Worcester Mass</u>		
NAME OF FATHER <u>Archib. Miller</u>		
BIRTHPLACE OF FATHER ‡ <u>Constantinople</u>		
MAIDEN NAME OF MOTHER <u>Evelta. Shepard</u>		
BIRTHPLACE OF MOTHER ‡ <u>Rochester N.H.</u>		
OCCUPATION <u>Teacher</u>		
INFORMANT § <u>Further</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1st 1908 to Oct 10th 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gastro Enteritis

Contributory: _____

(Signed) B. H. Melrose M.D.Oct 11 1908 (Address) 120 Woburn St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months 3 daysWhere was disease contracted, If not at place of death? at home. Brookline

Filed _____

_____ 190_____

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Woburn CemeteryOct 11 1908

UNDERTAKER

ADDRESS

W. H. B. B. B.Woburn

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

84

Laa Blanche Muller

Oct 10 - 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *October 12, 1908*Name in full, *Mary F. Lawler*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *4 3/4* Years, *2* Months, *15* Days. Occupation,Residence, * *Nahant Ave. Winthrop* Ward,Place of Death, *Nahant Ave. Winthrop*
(State year, month and day.)Place of Birth, *Tyrone New York* Date of Birth, *July 18, 1863*Name and Birthplace of Father, *John A. Lawler, Ireland*Maiden Name and Birthplace of Mother, *Mary A. Burr, Gloucester, N. Y.*Place of Interment, *Greenaca, Falls, New York*
Walter J. Driscoll
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Oct. 12, 1908*Name and Age of Deceased, *Mary F. Lawler* Age, *4 3/4* years.I hereby certify that I attended deceased from *Dec. 20, 1907* to *Oct. 10, 1908*, that I last saw *her* alive on the *10th* day of *Oct* 1908, that *she* died on the *12th* day of *Oct* 1908, about *1* o'clockA.M., ~~and~~ and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Carcinoma*
Contributing cause,Duration { Chief Cause, *About one year*
Contributing cause,*Francis Maguire* M. D.

Henry F. Lawden
Oct. 2-1908



RETURN OF A DEATH

FULL NAME

Ellen Avery

Registered No.

Place of
Death

(Name of Hospital or Institution if any)

(No.)

(Street)

Date of
Death

Oct 15 1908

Place of
Residence

28 Irwin St

(No.)

(Street)

Winthrop

(Town or City and State)

Age 69 years X months X days

STATISTICAL DETAILS

SEX

F

COLOR

W

SINGLE, MARRIED,
WIDOWED OR
DIVORCED

Married

MAIDEN NAME

If a married or divorced woman, or widow

Mahan

HUSBAND'S
FULL NAME

Granville O

BIRTHPLACE

Give state or country; also city, town, or county, if known

Woodstock N. B.

NAME OF
FATHERBIRTHPLACE
OF FATHER

Give state or country; also city, town, or county, if known

MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER

Give state or country; also city, town, or county, if known

OCCUPATION

INFORMANT'S
NAME

Person giving statistical details

Granville O Avery

ADDRESS

28 Irwin St Winthrop

(No.)

(Street)

(Town or City)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Holyhood Cem

(City)

Brookline

(Town or City, and State)

Oct 17 1908

UNDERTAKER'S
NAME

Keating & Mitchell

ADDRESS

322 Bunkerhill St Boston

(No.)

(Street)

(Town or City)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 15 1908 to Oct 15 1908,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary:

Pneumonia

(DURATION) 4 weeks DAYS

Contributory,

Pyo Thorax

(DURATION) 7 DAYS

(Signed)

B. B. Metcalf

M. D.

(Address)

174 Winthrop St. Winthrop

(No.)

(Street)

(Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Previous Residence

How long at

Place of Death?

Years,

Months,

Days

Where was disease contracted, if not at place of death?

Received

190

Agent of Board of Health, appointed to issue burial permits

Filed

190

City Clerk

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

86

Ellen Arney
Oct 15, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Oct 27* 190*8*.Name in full, *James C. Gammon*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *65* Years, *—* Months, *—* Days. Occupation, *Mining Engineer*Residence, * *Winthrop Mass* Ward, *—*Place of Death, *23 Thornton Park* (State year, month and day.)Place of Birth, *Nova Scotia* Date of Birth, *—*Name and Birthplace }
of Father, }Maiden Name and }
Birthplace of Mother, }Place of Interment, *Winthrop Cemetery Winthrop Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age } *Winthrop Boston* 190*8*.
of Deceased, } *James C. Gammon* Age, *65* years.I hereby certify that I attended deceased from *Sept. 19th* 190*8*, to *Oct 27th*
190*8*, that I last saw *him* alive on the *27th* day of *Oct* 190*8*,
that *he* died on the *27th* day of *Oct* 190*8*, about *3* o'clock~~A.M.~~ or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *Acute Bright's Disease*
Contributing cause, *—*Duration { Chief Cause, *—*
Contributing cause, *—**A. B. Borman* M. D.

James R. Harrison
Oct 27-1908

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

Place of }
Death * } Date of } *Oct. 27* 190
Death }

Residence 106 Summit Ave Age 59 years 10 months 27 day

PHYSICIAN'S CERTIFICATE

SEX *Male* COLOR *White* ~~SINGLE~~, MARRIED,
~~WIDOWED~~ OR
~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME ↑

BIRTHPLACE †

NAME OF FATHER *Robert E. Hudson.*

BIRTHPLACE
OF FATHER Quincy Mass.

MAIDEN NAME
OF MOTHER

Clarissa M Kennen

BIRTHPLACE
OF MOTHER ‡
New York N.Y.
OCCUPATION

OCCUPATION
Constable

INFORMANT §

Wife.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
cremation Mt. Auburn.	Oct 30 1908

UNDERTAKER	ADDRESS
Wm Fawcett	Chelsea

I HEREBY CERTIFY that I attended deceased during last illness, from July 26 1908 to July 27 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fracture of 7th Cervical vertebra

..(DURATION) 04 DAYS

Contributory:

... (DURATION)..... DAYS

(Signed) *W. H. McCarty* M.D.
Feb 27, 1908 (Address) *124 Hawthorn St. Brighton*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.

How long at
Place of Death? 24 ^{hrs} years..... months..... days

Where was disease contracted,
If not at place of death? *Accident Coast.*

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Horace Granville Gibbs Registered No. _____
 Place of Death } 46 Nevada St. Winthrop, Mass. Date of Death } Nov. 4th 1908
 Residence Same Age 73 years 8 months 22 days

STATISTICAL DETAILS

SEX <u>female</u>	COLOR <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Boston</u>		
NAME OF FATHER <u>Ira Gibbs.</u>		
BIRTHPLACE OF FATHER ‡ <u>New York State</u>		
MAIDEN NAME OF MOTHER <u>Susan Piper</u>		
BIRTHPLACE OF MOTHER ‡ <u>Dorchester Mass.</u>		
OCCUPATION <u>retired</u>		
INFORMANT § <u>Mrs. Jane L. Gibbs.</u> <u>(Widow) 46 Nevada St. Winthrop</u>		
PLACE OF BURIAL OR REMOVAL ‖ <u>Not known.</u>		DATE OF BURIAL 190
UNDERTAKER <u>Whitman & Sons</u>		ADDRESS <u>Boston</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 3 1908 to Nov 3 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION) 3 DAYS

Contributory: Same

(DURATION) DAYS

(Signed) Horace J. South M.D.

190 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

..... 190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

90

Horace Granville Gibbs

Nov 4 - 1908

Winthrop Mass Permit No. _____

RETURN OF DEATH.

~~BOSTON, MASS.~~

Date of Death, *Nov. 8* 190*8*.

Name in full, *Stillborn Barton*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, *Seamstress*

Residence, * *354 Shirley St Winthrop* Ward, _____

Place of Death, _____
(State year, month and day.)

Place of Birth, *Winthrop* Date of Birth, _____

Name and Birthplace of Father, *John W. New York City*

Maiden Name and Birthplace of Mother, *Susan Blaney*

Place of Interment, *Mt Benedict*

John P. Petrelli
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Nov. 9* 190*8*.

Name and Age of Deceased, *Stillborn Barton* Age, *0* years.

I hereby certify that I attended deceased from *Nov. 8* 190*8*, to _____

190 , that I last saw *her* alive on the *8* day of *Nov.* 190*8*,

that *she* died on the *8* day of *Nov.* 190*8*, about *8* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Still born*
 Contributing cause, _____

Duration { Chief Cause, _____
 Contributing cause, _____

Barlow

Nov 8, 1908

RETURN OF A DEATH

FULL NAME *Wilford Fulham* Registered No. _____
 Place of Death * *34 Fair View St. Hinthrop, Mass.*
 Date of Death *Nov 18th 1908* Age _____ years *5* months _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>34 Fair View St. Hinthrop, Mass</i>		
NAME OF FATHER <i>St. Leonard Fulham</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston</i>		
MAIDEN NAME OF MOTHER <i>Mary E. Barrett</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston</i>		
OCCUPATION <i>Barber</i>		
INFORMANT § <i>Barrett</i>		
PLACE OF BURIAL OR REMOVAL ¶ <i>Holy Cross, Malden</i>	DATE OF BURIAL <i>Nov 19th 1908</i>	
UNDERTAKER <i>Frank E. Mulony</i>	ADDRESS <i>Hinthrop, Mass</i>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 18* 190*8* to *Nov 18* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Infantile Cerebral*

Contributory: *acute Peritonitis*

(Signed) *Wm. J. Barrett* M.D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death?

Filed

_____ 190*8*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

92

Wilfred Tulhauer

Nov 18, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Winthrop Mass.
 Date of Death, *Nov 19th* 190*8*.

Name in full, *Hannah M. Adams*
Widow of J. Webster Adams
 (If married or divorced woman give maiden name, also name of husband.)

Sex, *female* Color, *White* Condition, *Widow*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *82* Years, *10* Months, *19* Days. Occupation,

Residence,* *140 Cliff Ave* *Winthrop*

Place of Death, *140 Cliff Ave* (State year, month and day.)

Place of Birth, *Bumwick Me* Date of Birth, *1825*

Name and Birthplace } *William M. Hall Bumwick Me*
 of Father, }

Maiden Name and } *Harriett Woyce Bumwick Me*
 Birthplace of Mother, }

Place of Interment, *Bumwick Me*
Chas R Permon
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Mass
Boston, *Nov. 22*, 190*8*.

Name and Age } *Hannah M. Adams* Age, *82* years.
 of Deceased, }

I hereby certify that I attended deceased from *Nov. 1* 190*8*, to *Nov. 17* 190*8*, that I last saw *her* alive on the *17* day of *Nov.* 190*8*, that *she* died on the *19th* day of *Nov.* 190*8*, about *3.45* o'clock

A.M. or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Heart failure*
 Contributing cause, *Old age*

Duration { Chief Cause,
 Contributing cause,

Thomas H. Goff M. D.

92

Wilford Tulhauer
Nov 18, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Winthrop Mass.
 Date of Death, *Nov 19th* 190*8*.

Name in full, *Hannah M. Adams*
Widow of J. Webster Adams
 (If married or divorced woman give maiden name, also name of husband.)

Sex, *female* Color, *White* Condition, *Widow*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *82* Years, *10* Months, *19* Days. Occupation,

Residence, * *140 Cliff Ave* *Ward,* *Winthrop*

Place of Death, *140 Cliff Ave*
 (State year, month and day.)

Place of Birth, *Brunswick Me* Date of Birth, *1825*

Name and Birthplace } *William M. Hall Brunswick Me*
 of Father, }

Maiden Name and } *Clarett Woyce Brunswick Me*
 Birthplace of Mother, }

Place of Interment, *Brunswick Me*
Chas. R. Peterson
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Mass.
Boston, *Nov. 22,* 190*8*.
 Name and Age } *Hannah M. Adams* Age, *82* years.
 of Deceased, }

I hereby certify that I attended deceased from *Nov. 1* 190*8*, to *Nov. 17* 190*8*, that I last saw *her* alive on the *17* day of *Nov.* 190*8*, that *she* died on the *19th* day of *Nov.* 190*8*, about *3.45* o'clock

A.M., or *P.M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Heart failure*
 Contributing cause, *Old age*

Duration { Chief Cause,
 Contributing cause,

Thomas H. Rigott M. D.

Howard M. Davis

Mar 19, 1908

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *November 22* 190*8*.Name in full, *Stillborn Infant (Flanagan)*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single, Married, Widowed or Divorced.*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *Stillborn Infant* Years, *Months*, *Days*. Occupation, *Stillborn Infant*Residence, * *412 Shirley Street* Ward, *Ward*Place of Death, *Wintthrop* (State year, month and day.)Place of Birth, *Wintthrop* Date of Birth, *Nov 22 1908*Name and Birthplace of Father, *Charles A. Flanagan - Boston*Maiden Name and Birthplace of Mother, *Lillian S. Fraizer Nova Scotia*Place of Interment, *Wintthrop Cemetery**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop Boston, Nov 22 1908*Name and Age of Deceased, *Still - born* Age, *0* years.I hereby certify that I attended deceased from *Nov 22 1908*, to *same date*
190*8*, that I ~~last saw~~ *never saw* alive on the *Nov 22* 190*8*,
that *he* died on the *Nov 22* 190*8*, about *11* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Still - born*
Contributing cause, *Still - born*Duration { Chief Cause, *Still - born*
Contributing cause, *Still - born**Edward F. Goetz* M. D.

* If an institution, state how long an inmate and previous residence.

Flanagan
June 22, 1908

Permit No.

RETURN OF DEATH.

Winthrop, ~~Boston~~, MASS.Date of Death, Nov 23rd 1908.

Name in full, Edward J. Clark

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 57 Years, 2 Months, 25 Days. Occupation, Superintendent

Residence, Winthrop Mass Ward,

Place of Death, 69 Bargent Street (State year, month and day.)

Place of Birth, Cambridge Mass Date of Birth,

Name and Birthplace of Father, Thomas Clark - Glasgow - Scotland

Maiden Name and Birthplace of Mother, Mary Mowen - Liverpool - England

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Nov 23rd 1908.
Name and Age of Deceased, Edward J. Clark Age, 57 years.I hereby certify that I attended deceased from Nov. 21/1908, to Nov. 23.
1908, that I last saw him alive on the 21st day of Nov. 1908,
that he died on the 23rd day of Nov. 1908, about 6 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, Cerebral Hemorrhage.
Contributing cause, Pulmonary OedemaDuration { Chief Cause, 5 mos.
Contributing cause, 3 days

H. J. Porter M. D.

* If an Institution, state how long an inmate and previous residence.

Edward J. Leland

Nov 23, 1908

Will call Friday 27th

Permit No.

RETURN OF DEATH.

Wintthrop **BOSTON, MASS.**

Date of Death, *Nov 25* 190*8*.

Name in full, *Hattie W. Breech*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *69* Years, *7* Months, *20* Days. Occupation,

Residence, * *Wintthrop Mass* Ward,

Place of Death, *140 Woodside Avenue*
(State year, month and day.)

Place of Birth, *Walden VT* Date of Birth,

Name and Birthplace of Father, *Unknown*

Maiden Name and Birthplace of Mother, *Irene Heath = Stanstead Ca*

Place of Interment, *Mount Hope Cemetery*

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop Boston, Nov 26 - 190*8*.
Name and Age of Deceased, *Hattie W. Breech* Age, *69* years.

I hereby certify that I attended deceased from *May* 190*8*, to *Nov. 25.0* 190*8*, that I last saw *her* alive on the *23* day of *Nov* - 190*8*, that *she* died on the *25th* day of *Nov* - 190*8*, about o'clock

A.M., or *P.M.*, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Chronic Diffuse Nephritis*
Contributing cause, *Chronic Mitral Insufficiency*

Duration { Chief Cause, *one year +*
Contributing cause, *one year +*

H. E. Baydon M. D.

* If an institution, state how long an inmate and previous residence.

Lewis Jaudelson
Nov 25, 1908.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Catharine E. Kinner

Registered No.

Place of
Death*

Emerson Road Court Park North

Date of
Death

Nov 27 1908

Residence

Same

Age

36

years

2

months

days

STATISTICAL DETAILS

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

~~HUSBAND'S NAME †~~

BIRTHPLACE ‡

Roxbury Mass

NAME OF
FATHER

John

BIRTHPLACE
OF FATHER ‡

Ireland

MAIDEN NAME
OF MOTHER

Mary Timilty

BIRTHPLACE
OF MOTHER ‡

Ireland

OCCUPATION

Housewife

INFORMANT §

John Kinner
Ward Sec. Boston

PLACE OF BURIAL OR REMOVAL ||

Mt Benedict

DATE OF BURIAL

Nov 30 1908

UNDERTAKER

J. P. Clary

ADDRESS

Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from Oct 18 1908 to Nov 27 1908that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Pulmonary Tuberculosis

about 11 years

(DURATION) DAYS

Contributory:

X

(DURATION) DAYS

(Signed)

Nov 28 1908

(Address)

Regalman M.D.
Winthrop MassSPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted,
if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESI-
DENCE, give facts called for under "Special Information." If in a Hospital or
Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

98

Catherine E. Kewey

Nov 27, 1908

Permit No.

RETURN OF DEATH.**BOSTON, MASS.** *Winchbury Mass.*Date of Death, *Nov 23* 190*8*.Name in full, *Whittier*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *1*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *X* Years, *X* Months, *1/2* Days. Occupation, *2 2 2*Residence, * *94 Lincoln St* Ward, *North*

Place of Death, " " " " " " (State year, month and day.)

Place of Birth, " " " Date of Birth, *Nov 23 1908*Name and Birthplace of Father, *Engene. P. Whittier Boston Mass.*Maiden Name and Birthplace of Mother, *Olivia F. Marshall Boston Mass.*Place of Interment, *Winchbury Cemetery*
C. R. Garrison
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Nov. 25* 190*8*.Name and Age of Deceased, *Whittier* Age, *0* years.I hereby certify that I attended deceased from *Nov 23* 190*8*, to190*8*, that I last saw *him* alive on the *23* day of *Nov.* 190*8*that *he* died on the *23* day of *Nov.* 190*8*, about *7* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Supposed development of heart*
Contributing cause, *Stroke & pneumonia*Duration { Chief Cause, *Did not receive Return until Dec 7th*
Contributing cause, *C. R. Garrison**H. J. Foulle* M. D.

* If an Institution, state how long an inmate and previous residence.

Whittier

Nov 28, 1908

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Katharine L. Watson Registered No. _____
 Place of Death* } 65 Court Road Date of Death } Dec 2 1908
 Residence " Age 72 years 3 months 11 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED.

MAIDEN NAME † Rutherford

HUSBAND'S NAME † David " "

BIRTHPLACE ‡ New Brunswick

NAME OF FATHER David Rutherford

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Rebecca Makin

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION

INFORMANT § Daughter Mrs. Tietze

PLACE OF BURIAL OR REMOVAL ‖ Forest Hills DATE OF BURIAL Dec 4 1908

UNDERTAKER Chas R. Bonison ADDRESS Winthrop

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 27 1908 to Dec. 2 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Bronchitis

(DURATION) 4 DAYS

Contributory: Pulmonary Oedema

(DURATION) 1 DAYS

(Signed) J. J. Porter M.D.

Dec. 3 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

1908 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

100
Katherine L. Watson
Dec 2 - 1958

Permit No.

RETURN OF DEATH.**BOSTON, MASS.** *Winthrop Mass*Date of Death, *December 5th* 190*8*.Name in full, *Ella B. Drinkwater**Widow of Tho. O. Drinkwater*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *53* Years, *11* Months, *1* Days. Occupation, *.....*Residence, * *36 Temple Ave Winthrop Ward, Mass*Place of Death, *36 Temple Ave* " " " (State year, month and day.)Place of Birth, *Biddeford Me* Date of Birth, *Jan 6 - 1855*Name and Birthplace } *James A. Johnson Biddeford Me*
of Father,Maiden Name and } *Sarah S. Eaton No. Kennebunk Me*
Birthplace of Mother,Place of Interment, *Biddeford Me*
Chas. R. Pennington
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Mass*
Boston, *Dec 6th* 190*8*.Name and Age } *Ella B. Drinkwater* Age, *53* years.
of Deceased,I hereby certify that I attended deceased from *Nov. 29* 190*8*, to *Dec. 5* 190*8*, that I last saw *her* alive on the *4th* day of *Dec* 190*8*, that *she* died on the *5th* day of *Decemb* 190*8*, about *4:15* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Carcinoma of Breast*
Contributing cause, *Carcinoma of Breast*Duration { Chief Cause, *18 mos.*
Contributing cause, *3 mos.**H. J. Foster* M. D.

* If an institution, state how long an inmate and previous residence.

John B. Whitewater
Nov-1908

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, **Dec. 10, 1908.** 190 ..Name in full, **Margaret S. Sparklin.**

(If married or divorced woman give maiden name, also name of husband.)

Sex, **Female** Color, **White** Condition, **Single**
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, **30** Years, **5** Months, **5** Days. Occupation, **Book-Keeper.**Residence, * **81 Somerset Ave; Winthrop, Mass:** Ward, ..Place of Death, **Metcalf Hospital, Winthrop, Mass:**
(State year, month and day.)Place of Birth, **Cordova, Md:** Date of Birth, **July 5, 1878.**Name and Birthplace } **Eugene -----, Talbot Co; Md:**
of Father, }Maiden Name and } **Mary Hardesty, Talbot Co; Md:**
Birthplace of Mother, }Place of Interment, **Winthrop, Mass:***E. J. Brown*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* **Boston, Dec 11** 190 **8.**
Name and Age } **Margaret S Sparklin** Age, **30** years.
of Deceased, }I hereby certify that I attended deceased from **Dec 9** 1908, to **Dec 10**
1908, that I last saw **her** alive on the **10th** day of **Dec** 1908,
that **she** died on the **10th** day of **Dec** 1908, about **12.55** o'clock**A.M.**, or **P.M.**, and that, to the best of my knowledge and belief, the cause of **her** death
was as follows:Disease { Chief cause, **Strangulated Uterine Fibroid**
Contributing cause, **Embolism (Pulmonary)**Duration { Chief Cause, **36 hours**
Contributing cause, **a few minutes****John J Mitchell** M. D.

* If an Institution, state how long an inmate and previous residence.

THE UNIVERSITY OF CHICAGO

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Charles R. Gardner* Registered No.
 Place of Death* *40 State* Date of Death *Dec 13* 190...
 Residence *Wentworth* Age *71* years *3* months *6* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>m</i>	COLOR <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
NAME OF FATHER <i>Russell G</i>		
BIRTHPLACE OF FATHER ‡ <i>Lynn, N.H.</i>		
MAIDEN NAME OF MOTHER <i>Sarah L. Aiken</i>		
BIRTHPLACE OF MOTHER ‡ <i>Brooksville, Me.</i>		
OCCUPATION <i>Board of Health</i>		
INFORMANT §		

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190.....

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

..... (DURATION)..... DAYS

Contributory:

..... (DURATION)..... DAYS

(Signed)..... M.D.

..... 190..... (Address).....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

..... 190.....

Clerk

PLACE OF BURIAL OR REMOVAL <i>Wentworth</i>	DATE OF BURIAL 190.....
UNDERTAKER <i>Sumner & Sons</i>	ADDRESS <i>Wentworth</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

JLL
ALL MAP 3 T: 3E



RETURN OF A DEATH

FULL NAME James Edward Manning Bigelow Registered No.Place of Death* Metcalf Hospital Wintthrop MassDate of Death Dec 14 1908 Age 42 years 4 months 3 days

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE ☒ MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME† _____

HUSBAND'S NAME† _____

BIRTHPLACE‡ E. Boston MassNAME OF FATHER James Edward Manning BigelowBIRTHPLACE OF FATHER‡ Waterville MeMAIDEN NAME OF MOTHER Sarah E. YorkBIRTHPLACE OF MOTHER‡ Durham N. H.OCCUPATION TreasurerINFORMANT§ Mabel BigelowPLACE OF BURIAL OR REMOVAL|| Greenwood Everett DATE OF BURIAL Dec 16 1908UNDERTAKER Johns Burial Home ADDRESS Somerville Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 10 1908 to 14 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: appendicitisContributory: Perforation of appendix (DURATION) 5 DAYS(Signed) Ben H. Metcalf M.D. (DURATION) _____ DAYS
Dec 15 1908 (Address) Wintthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 59 Sumner Ave Wintthrop How long at Place of Death? 4 DaysWhere was disease contracted, If not at place of death? at homeFiled _____ 1908 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

103

James Canard Manning ^{Byelon}
Dec 14 - 1908

Winthrop
(CITY OR TOWN)

STATISTICAL DETAILS		
SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Foxboro Mass</i>		
NAME OF FATHER <i>Francis H. Poole</i>		
BIRTHPLACE OF FATHER ‡ <i>Paris Me</i>		
MAIDEN NAME OF MOTHER <i>Mary a Broad</i>		
BIRTHPLACE OF MOTHER ‡ <i>Unknown</i>		
OCCUPATION <i>RR Gate tender</i>		
INFORMANT § <i>Wife</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from 190 to 190,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:
Primary:
Pistol Shot wound
of the head, Suicidal
Contributory:
(DURATION) DAYS
(Signed) George Burgen Magallon, M.D.
190 (Address) Med. Exam. Suffolk

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at
Place of Death? years months days

Where was disease contracted,
If not at place of death?

Filed 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

104

Fred H. Poole

Dec 16-

RETURN OF A DEATH

Winsted
(CITY OR TOWN.)

FULL NAME *Emma C. Rich* Registered No. **470**
 Place of Death* *Winsted 1908* Date of Death *Dec 24* 190 *8*
 Residence *24 Orlando ave* Age *70* years *0* months *24* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

MAIDEN NAME † *Hoben*

HUSBAND'S NAME †

BIRTHPLACE ‡ *So Orington Me*

NAME OF FATHER *Richard Hoben*

BIRTHPLACE OF FATHER ‡ *So Orington Me*

MAIDEN NAME OF MOTHER *Mary Wentworth*

BIRTHPLACE OF MOTHER ‡ *So Orington*

OCCUPATION

INFORMANT § *Daughter Mrs. Louis Robell*

PLACE OF BURIAL OR REMOVAL ‖ *So Orington Me*

DATE OF BURIAL *12/28* 190 *8*

UNDERTAKER *C. R. Bennett*

ADDRESS *Winsted*

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 18* 190 *8* to *Dec 24* 190 *8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *apoplexy*

Contributory:

(Signed) *B. Putnam* M.D.

Dec 27 190 *8* (Address) *Winsted*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

106

Emma C. Rich

Dec 24 - 1908

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Edwin Cooper Stokes* Registered No. **468**
Place of Death* *Shirley St* Date of Death *Dec 25* 190 *8*
Residence *Wenchester Mass* Age *47* years *7* months *X* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Woodbury N.J.</i>		
NAME OF FATHER <i>Edwin Stokes</i>		
BIRTHPLACE OF FATHER ‡ <i>Woodbury N.J.</i>		
MAIDEN NAME OF MOTHER <i>Mattie Cooper</i>		
BIRTHPLACE OF MOTHER ‡ <i>Woodbury N.J.</i>		
OCCUPATION <i>Salesman</i>		
INFORMANT § <i>Sam</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov. 2* 190 *8* to *Dec 25* 190 *8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Hodgkins disease*

Contributory: *about three months Exhaustion*

(DURATION).....DAYS

(Signed).....*Edw. M. Harding* M.D.
Dec 25 190 *8* Address.....*Hotel Osborn Boston, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death?.....years.....months.....days

Where was disease contracted, if not at place of death?.....

Filed

.....190.....

Clerk

PLACE OF BURIAL OR REMOVAL <i>Wenchester</i>	DATE OF BURIAL <i>12/28</i> 190.....
UNDERTAKER <i>C. B. Benson</i>	ADDRESS <i>Wenchester</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

107

Dec 25

Edwin Cooper Stokes

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Horace W. Tewksbury Registered No. 469
 Place of Death* } Winthrop Mass Date of Death } Dec 26 1908
 Residence 30 Lewis Ave Age 60 years 10 months 26 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Winthrop Mass</u>		
NAME OF FATHER <u>George W. Tewksbury</u>		
BIRTHPLACE OF FATHER ‡ <u>Unknown</u>		
MAIDEN NAME OF MOTHER <u>Johanna W. Waite</u>		
BIRTHPLACE OF MOTHER ‡ <u>Malden Mass</u>		
OCCUPATION <u>Laborer</u>		
INFORMANT § <u>Wife</u>		
PLACE OF BURIAL OR REMOVAL <u>Winthrop Cemetery</u>		DATE OF BURIAL <u>12/28</u> 190 <u>8</u>
UNDERTAKER <u>C.R. Bennett</u>		ADDRESS <u>Winthrop</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 10 1908 to Dec. 26 1908, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

(DURATION) 16 DAYS
 Contributory: Pulmonary Decubitus

(SIGNED) J.H. Porter M.D.
Dec. 26 1908 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

108

Dec 26

Kerrace St. Luskbury.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Henry E. Thompson* Registered No. *48*
 Place of Death* } *53 Summit Ave* Date of Death } *Dec 26* 190*8*
 Residence " " " Age *68* years. *x* months. *x* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Windsor Mass

NAME OF FATHER

Ezra Thompson

BIRTHPLACE OF FATHER ‡

Windsor Mass

MAIDEN NAME OF MOTHER

Angelina Barton

BIRTHPLACE OF MOTHER ‡

Windsor Mass

OCCUPATION

Retired

INFORMANT §

Son

PLACE OF BURIAL OR REMOVAL ||

Dallas Mass

DATE OF BURIAL

12/25 190*8*

UNDERTAKER

C. B. Benson

ADDRESS

Wintbury

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 31st* 190*8* to *Dec 26th* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *General peritonitis*(DURATION) *5* DAYSContributory: *Coccidiosis of intestine*(DURATION) *1 yr. +* DAYS(Signed) *Bryan Hollings* M.D.*Dec 26* 190*8* (Address) *267 Washington Ave*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death ? years months days

Where was disease contracted, If not at place of death ?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Dec 26

Henry E. Thompson

Permit No. 472-

RETURN OF DEATH.

Winthrop = BOSTON, MASS.

Date of Death, Dec 29 " 1908

Name in full, John Elliot Flanagan

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 8 Years, 16 Months, 16 Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, 410 Shirley Street (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth,

Name and Birthplace of Father, John Flanagan = Ireland

Maiden Name and Birthplace of Mother, Elizabeth Fawcett = Ireland

Place of Interment, Winthrop Cemetery

Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, December 29 " 1908.

Name and Age of Deceased, John E. Flanagan Age, 8 yrs 16 ds

I hereby certify that I attended deceased from Dec. 20th 1908, to Dec. 29th1908, that I last saw him alive on the 29th day of Dec. 1908,that he died on the 29th day of Dec. 1908, about 10 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, Influenza
Contributing cause, MarasmusDuration { Chief Cause, 3 days.
Contributing cause, 6 hrs.

H. J. Porter M. D.

John Eliot Stearns
Dec 29-1908



Permit No. 1-91459

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, January 1st 1909.
Name in full, Frank Edward Leonard

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, (Single, Married, Widowed or Divorced.)

Age, Years, Months, 1 Day. Occupation,

Residence,* Winthrop Mass Ward,

Place of Death, 439, Winthrop Street (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, Dec 31st 1908

Name and Birthplace of Father, Frank Leonard - Johnson City - Tenn

Maiden Name and Birthplace of Mother, Maud E. George - Winthrop Mass

Place of Interment, Winthrop Cemetery
Gunner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, January 1st 1909.
Name and Age of Deceased, Frank E Leonard Age, 1 day years.I hereby certify that I attended deceased from Dec 31 1908, to Jan 1st 1909, that I last saw him alive on the 1st day of Jan 1909, that he died on the 1st day of Jan 1909, about 7 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Premature infant
Contributing cause,Duration { Chief Cause,
Contributing cause,

Horace J. Soule M. D.

* If an institution, state how long an inmate and previous residence.

Frank Leonard Leonard
Jan 1-1909

RETURN OF A DEATH

(CITY OR TOWN.)

Wendell Francis Bull
 FULL NAME Registered No.
 Place of Death* } 25 Turkeshury St Date of Death } Jan 6th 1909
 Residence Winthrop Mass Age 7 years 5 months 18 days

STATISTICAL DETAILS

SEX M.	COLOR W.	SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ Boston Mass		
NAME OF FATHER Francis O. Bull		
BIRTHPLACE OF FATHER ‡ Boston		
MAIDEN NAME OF MOTHER Blanch Lillian Wakefield		
BIRTHPLACE OF MOTHER ‡ Boston		
OCCUPATION School Boy		
INFORMANT § Father		
PLACE OF BURIAL OR REMOVAL Mt Hope Boston		DATE OF BURIAL 190.....
UNDERTAKER C.R. Benson		ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 1, 1909 to Jan 6, 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Uraemic Convulsions

..... (DURATION) 1 DAYS

Contributory: Scarlet Fever

..... (DURATION) 4 DAYS

(Signed) H.J. Porter M.D.

Jan 8 1909 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

2

Stendee Francis Ball

Jan 6 - 1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *L. Foster Farrar*Registered No. *5684*Place of Death* *33 Herman St.*Date of Death *January 8th*Age *66* years *—* months *—* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED,
WIDOWED, OR
DIVORCEDMAIDEN NAME † *—*HUSBAND'S NAME † *—*BIRTHPLACE ‡ *Boston Mass*NAME OF
FATHER *Daniel*BIRTHPLACE
OF FATHER ‡ *Boston*MAIDEN NAME
OF MOTHER *Unknown Fisher*BIRTHPLACE
OF MOTHER ‡ *Boston Mass*OCCUPATION *Retired*INFORMANT § *Lawrence H. Sullivan*PLACE OF BURIAL OR REMOVAL || *Mt Auburn*DATE OF BURIAL *Jan 10 1909*UNDERTAKER *J. F. Sullivan*ADDRESS *358 Market St
Brighton Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 2* 1909 to *Jan 9th* 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Bronchitis*(DURATION) *8* DAYSContributory: *Valvular Heart Disease**Edema of Lungs* (DURATION) *for years*(Signed) *Geo H French* M.D.*Jan 9* 1909 (Address) *55 Wan Way Ave.,
Waltham Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *—* How long at Place of Death? *—* DaysWhere was disease contracted, if not at place of death? *—*

Filed

— 190*—*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

13

H. Foster Farnar
Jan 8-1909

for 1763.2
203-3

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Copodilupo Registered No. _____
 Place of Death* } 26 Centre St Wintthrop Mass Date of Death } Jan 11th 1909
 Residence 26 Centre St Age Stillborn years _____ months _____ days _____

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED None

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Wintthrop Mass

NAME OF FATHER

Michal Copodilupo

BIRTHPLACE OF FATHER ‡

Haty

MAIDEN NAME OF MOTHER

Lorenzini Kisce

BIRTHPLACE OF MOTHER ‡

Haty

OCCUPATION

INFORMANT §

Michal Copodilupo

PLACE OF BURIAL OR REMOVAL ||

Int Center for Cremation

DATE OF BURIAL

190

UNDERTAKER

C.R. Bennett

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 1909 to _____ 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Stillborn

(DURATION) _____ DAYS

Contributory: Stillborn

(DURATION) _____ DAYS

(Signed) Harvey J. Soule M.D.Jan 12 1909 (Address) Wintthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

4
Capileps
Jan 11 - 1909

#319 North St

930

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, Jan 11 1909.
 Name in full, John E. Richard

(If married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W Condition, S
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, Years, 2 Months, 7 Days. Occupation,

Residence, * 117 Buchanan St. Ward,

Place of Death, "Bouche M.S." Winthrop
 (State year, month and day.)

Place of Birth, Harbour Bouche N.S. Date of Birth,

Name and Birthplace of Father, Percy T. Richard Weymouth Mass

Maiden Name and Birthplace of Mother, Elizabeth Bouvie Guyshoro N.S.

Place of Interment, Mt Benedict

Thos. J. Lane
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Jan 11 1909.
 Name and Age of Deceased, John E. Richard Age, 2 mos years.

I hereby certify that I attended deceased ^{on} Jan 11 1909, to
 190 , that I last saw him alive on the eleventh day of January 1909,
 that he died on the eleventh day of January 1909, about 10.45 o'clock
A.M., ~~or P.M.~~, and that, to the best of my knowledge and belief, the cause of his death
 was as follows:

Disease { Chief cause, Cerebral
 Contributing cause, Inanition

Duration { Chief Cause, Five hours
 Contributing cause, 2 mos.

Byam Hollings M. D.

* If an Institution, state how long an Inmate and previous residence.

John & Richards.
Jan 11-1909.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Wintthrop
 Date of Death, *January 13* 190*9*
 Name in full, *John Wadsworth*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *88* Years, *2* Months, *4* Days. Occupation, *Retired*

Residence, * *Wintthrop, Mass.* Ward, *Ward 9*

Place of Death, *257 Wintthrop Street* *Ward 9* 18*20*
(State year, month and day.)

Place of Birth, *Dorchester Mass.* Date of Birth,

Name and Birthplace of Father, *John Wadsworth - Dorchester Mass.*

Maiden Name and Birthplace of Mother, *Lidia Perry - Plymouth Mass.*

Place of Interment, *Mayflower Cemetery - Dorchester Mass.*

Samuel Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop Boston, January 1909.
 Name and Age of Deceased, *John Wadsworth* Age, *88* years.

I hereby certify that I attended deceased from *1878* 190*9*, to *Jan 13* 190*9*, that I last saw *him* alive on the *13* day of *January* 190*9*, that *he* died on the *13* day of *Jan* 190*9*, about *12* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:

Disease { Chief cause, *old age*
 Contributing cause,

Duration { Chief Cause,

Contributing cause, *5 Montef* M. D.

* If an institution, state how long an inmate and previous residence.

John Hadenorth
Jan 13-1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Mamuel J. Lewis* Registered No. _____
 Place of Death* } *46 Bartlett Road* Date of Death *Jan. 14* 190*9*
 Residence *Winthrop Mass.* Age *66* years *10* months *5* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Portugale Florence*NAME OF FATHER *Unknown*BIRTHPLACE OF FATHER ‡ *?*MAIDEN NAME OF MOTHER *?*BIRTHPLACE OF MOTHER ‡ *?*OCCUPATION *Retired*INFORMANT § *Wife*PLACE OF BURIAL OR REMOVAL || *Woodlawn Cemetery*
*Winthrop Mass.*DATE OF BURIAL *1/17* 190*9*UNDERTAKER *C. R. Benson*ADDRESS *Winthrop*

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec. 7* 190*9* to *Jan. 14* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *General Paralysis*Contributory: *Cerebral Hemorrhage*(Signed) *Charles Seido**Jan. 15* 190*9* (Address) *Chelsea Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

190*9*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

7
Samuel Lewis
Jan 14 - '09

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)FULL NAME *Mary Upton Haskell*

Registered No.

Place of Death* *133 Washington Ave Winthrop*Date of Death *Jan. 15 1909*Residence *" " " " " Age 78 years 7 months 25 days*

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*MAIDEN NAME† *Mary Upton Black*HUSBAND'S NAME† *Charles J Haskell*BIRTHPLACE‡ *Ellsworth Maine*NAME OF FATHER *John Black*BIRTHPLACE OF FATHER‡ *Ellsworth Maine*MAIDEN NAME OF MOTHER *Do not know*BIRTHPLACE OF MOTHER‡ *Do not know*OCCUPATION *—*INFORMANT§ *Edw. A. Buss*
*133 Washington Ave Winthrop*PLACE OF BURIAL OR REMOVAL|| *Fairview Cemetery Hyde Park Mass*

DATE OF BURIAL

190

UNDERTAKER *—*ADDRESS *—*I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 5 1909* to *Jan 15 1909*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Pneumo-pneumonia*(DURATION) *10* DAYSContributory: *Old Age*

(DURATION) DAYS

(Signed) *Perry G Brown* M.D.
Jan 16 1909 (Address) *28 Fairview St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

8

Mary Upton Haskell
Jan 15, 1909

RETURN OF A DEATH

Winchboro
(CITY OR TOWN.)

FULL NAME Thomas. A. Clough Registered No. _____
 Place of Death* 105 Bartlett Road Date of Death Jan 16 1909
 Residence Winchboro Mass Age 47 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Wabash. Ind</u>		
NAME OF FATHER <u>Albert Clough</u>		
BIRTHPLACE OF FATHER ‡ <u>Woolfboro N.H</u>		
MAIDEN NAME OF MOTHER <u>Unknown</u>		
BIRTHPLACE OF MOTHER ‡ _____		
OCCUPATION <u>Broken</u>		
INFORMANT § <u>Wife</u>		
PLACE OF BURIAL OR REMOVAL <u>First Hill Crematorium</u>	DATE OF BURIAL <u>1/18</u> 190 <u>9</u>	
UNDERTAKER <u>C R Benson</u>	ADDRESS <u>Winchboro</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 16 1909 to Jan 16 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: apoplexy(DURATION) 12 hr DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. J. McLean M.D.Jan 18 1909 (Address) Winchboro Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1909 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

9

Thomas A. Clough
Jan 16, 1909

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Jan. 16, 1909. 19Name in full, Abraham M. Dunbar.

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Widower
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 73 Years, 11 Months, 16 Days. Occupation, Retired.Residence, * 95 Hermon Street, Winthrop. Ward,Place of Death, 95 Hermon Street, Winthrop.
(State year, month and day.)Place of Birth, Boston, Mass. Date of Birth, Jan. 31, 1835Name and Birthplace of Father, } Joshua B. Dunbar, --- Unknown.Maiden Name and Birthplace of Mother, } Eliza Goldthwaite, --- Unknown.Place of Interment, Winthrop, Mass.

* If an institution, state how long an inmate and previous residence.

E. J. Brown.
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, } Winthrop
Boston, Jan 16 1909.
} Abraham M. Dunbar Age, 73 1/2 years.I hereby certify that I attended deceased from May 1908, to Jan
1909, that I last saw him alive on the 15 day of Jan 1909,
that he died on the 16 day of Jan 1909, about 6.30 o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of his death
was as follows:Disease { Chief cause, Cancer of Stomach
Contributing cause,Duration { Chief Cause, about one year
Contributing cause,J. E. Johnson M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form "Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?"
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease of injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

COMMONWEALTH OF MASSACHUSETTS

1180

RETURN OF A DEATH

W. W. Wilthrop
(CITY OR TOWN)

FULL NAME *Nathan E. Nickerson* Registered No. _____
Place of Death* } *80 Read St.* Date of Death } *Jan. 16,* 190*9*
Residence *80 Read St.* Age *37* years. _____ months. _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Harmich Mass</i>		
NAME OF FATHER <i>Nathan E. Nickerson</i>		
BIRTHPLACE OF FATHER ‡ <i>Harmich Mass</i>		
MAIDEN NAME OF MOTHER <i>Rebecca Gorham</i>		
BIRTHPLACE OF MOTHER ‡ <i>Harmich Mass</i>		
OCCUPATION <i>Salesman</i>		
INFORMANT § <i>Mrs Nickerson</i> (<i>Wife</i>)		

PLACE OF BURIAL OR REMOVAL <i>Harmich Mass</i>	DATE OF BURIAL <i>Jan 19, 1909</i>
UNDERTAKER <i>Samuel Floyd</i>	ADDRESS <i>W. W. Wilthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____
Asphyxiation by Suspension
Suicidal - (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *George Burton Magrath* M.D.
W. W. Wilthrop (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

~~1180~~

Nathan E. Erickson

11

Nathan E. Erickson

Jan 16, 1909

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Samuel N. Rogers* Registered No. *12*
 Place of Death* } *16 Shonnton Park* Date of Death } *Jan 25 1909*
 Residence *Wintthrop Mass* Age *68* years *7* months *21* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Springfield Vermont</i>		
NAME OF FATHER <i>Maes Rogers</i>		
BIRTHPLACE OF FATHER ‡ <i>Hartland Vermont</i>		
MAIDEN NAME OF MOTHER <i>Louinda Bennie</i>		
BIRTHPLACE OF MOTHER ‡ <i>Un Known</i>		
OCCUPATION <i>Chas Battle Bureau</i>		
INFORMANT § <i>2 Daughter</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 23 1909* to *Jan 25 1909*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Chronic Intestinal rephritis and Chronic valvular Heart Disease, several years*
(DURATION) *3* DAYS

Contributory: *Broncho pneumonia*
(DURATION) *3* DAYS

(Signed) *J. Johnson* M.D.
Jan 26 1909 (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed
..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL † <i>Wintthrop</i>	DATE OF BURIAL <i>Jan 28 1909</i>
UNDERTAKER <i>Summer Floyd</i>	ADDRESS <i>Wintthrop</i>

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

12

Samuel N. Rogers
Jan 25. 1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *William Henry Henay* Registered No. *13*
 Place of Death *# 26 Reddy Street* Date of Death *Jan 28* 190*9*
 Residence *Winthrop Mass* Age *54* years *3* months *12* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov. 15* 190*8* to *Jan. 28* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Carcinoma of small intestine*

Chapman (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) *W. J. Porter* M.D.
Jan. 27 190*9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed
 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

13

William Henry Hensley
Jan 28-1909

Belmont
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *John G. Clarkson* Registered No. *16*
 Place of Death* *McLean Hospital, Waverley* Date of Death *Feb. 4* 190*9*
 Residence *Winthrop, Mass.* Age *47* years *7* months *3* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Cambridge

NAME OF FATHER

Thomas G. Clarkson

BIRTHPLACE OF FATHER ‡

Scotland

MAIDEN NAME OF MOTHER

Helen M. Fackitt

BIRTHPLACE OF MOTHER ‡

Cambridge

OCCUPATION

Tobacco Dealer

INFORMANT §

Arthur Clarkson

PLACE OF BURIAL OR REMOVAL ||

Cambridge Cem

DATE OF BURIAL

Feb. 7 190*9*

UNDERTAKER

Romer D. Litchfield

ADDRESS

Cambridge

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 2* 190*9* to *Feb. 4* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Lobar Pneumonia*

(DURATION) *6* DAYS
 Contributory: *General Paralysis*

(Signed) *E. Stanley Abbott* M.D.
Feb. 4 190*9* (Address) *McLean Hospital*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months *2* days

Where was disease contracted, If not at place of death?

Filed *Feb. 5* 190*9* *Chas. J. Foulahan*
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Lorena Capodilupo* Registered No. _____
 Place of Death* *Winthrop - Mass* Date of Death *Feb. 6.* 190*9*
 Residence *26 Central St.* Age *28* years *5* months *26* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>white</i>	<input checked="" type="checkbox"/> SINGLE, MARRIED, <input checked="" type="checkbox"/> WIDOWED, OR <input checked="" type="checkbox"/> DIVORCED
MAIDEN NAME † <i>Vesce wife</i>		
HUSBAND'S NAME † <i>of Michele Capodilupo</i>		
BIRTHPLACE ‡ <i>Italy - Taurasi</i>		
NAME OF FATHER <i>Raffaele Vesce</i>		
BIRTHPLACE OF FATHER ‡ <i>Italy - Taurasi</i>		
MAIDEN NAME OF MOTHER <i>Laveria Fierro</i>		
BIRTHPLACE OF MOTHER ‡ <i>Italy - Taurasi</i>		
OCCUPATION <i>At Home</i>		
INFORMANT § <i>Angelo Jannini</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 24.* 190*9* to *Feb 7* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Perforated ulcer*

(DURATION) *16* DAYS

Contributory? _____

(DURATION) _____ DAYS

(Signed) *B. J. McIntire* M.D.

Feb 8 190*9* (Address) *144 Winthrop St. Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months *16* days

Where was disease contracted, If not at place of death? *at her home in Italy*

Filed _____

_____ 190*9* Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Holy Cross - Malden</i>	DATE OF BURIAL <i>Feb. 8 -</i> 190 <i>9</i>
UNDERTAKER <i>M. Cangiano</i>	ADDRESS <i>215 North St. Malden</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

14

Lorenzina Capodilupo

Feb-6-1909.

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

Full Name *Frances D. Kinnaly* Registered No. _____
 Place of Death* } *17 Mulden St* Date of Death } *Feb 7th* 190*9*
 Residence *Winthrop Mass* Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Still Born</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>Francis D. Kinnaly</i>		
BIRTHPLACE OF FATHER ‡ <i>So Boston Mass</i>		
MAIDEN NAME OF MOTHER <i>Annie E. Welch</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston</i>		
OCCUPATION		
INFORMANT § <i>Father</i>		
PLACE OF BURIAL OR REMOVAL <i>Winthrop Mass</i>		DATE OF BURIAL <i>2/8</i> 190 <i>9</i>
UNDERTAKER <i>C. R. Parker</i>		ADDRESS <i>Winthrop Mass</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 7* 190*9* to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Primative birth*
 _____ (DURATION) _____ DAYS
 Contributory: _____ (DURATION) _____ DAYS
 (Signed) *H. J. Porter* M.D.
Feb. 10 190*9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? _____ years _____ months _____ days
 Where was disease contracted, If not at place of death? _____
 Filed _____ 190____
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

15

Francis W. Kewally

Feb 7-1909.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Nellie E. Wheeler*

Registered No.

Place of Death* } *62 Beacon St*

Date of Death } *2/9*

1909

Residence *Winthrop Mass*

Age *64* years *8* months *5* days

STATISTICAL DETAILS

SEX* *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME†

HUSBAND'S NAME† *Lewis A. Wheeler*

BIRTHPLACE‡

Phillip me

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER‡

" "

MAIDEN NAME OF MOTHER

" "

BIRTHPLACE OF MOTHER‡

" "

OCCUPATION

Housewife

INFORMANT§

Lewis A. Wheeler

PLACE OF BURIAL OR REMOVAL||

Winthrop Cemetery

DATE OF BURIAL

2/11 1909

UNDERTAKER

Carl Berman

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 1* 1909 to *Feb. 9* 1909 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary:

Erysipelas

(DURATION) *7* DAY

Contributory:

(DURATION) DAY

(Signed)

M. J. Porter

M.D.

Feb. 11 1909 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

1909

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

16

Nellie C. Wheeler

Feb 9-1909

CITY OF
BOSTON.

RETURN OF A DEATH—1909.

FULL NAME Herbert W Davis Registered No. 1753

Place of Death } Boston Mass.Gen.Hospt
and Residence }

Date of Death Feb.11 1909, Age 47 years 5 months 9 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

MWM

Maiden Name

Husband's Name

Birthplace Portland, Me.Name of Father William DavisBirthplace of Father Durham, MeMaiden Name of Mother Anna DoughtyBirthplace of Mother Windham, Me.Occupation Chemist

Informant

Place of Burial or removal WinthropUndertaker C R Bennison
Winthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary: } Tuberculosis of Adrenals -
(Duration) } (Addisons dis.) 2 yrs

Contributory: } Miliary Tub. of Lungs -
(Duration) } mos.

(Signed) Royal Hatch M.D.Feb.12 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to hospital Jan.27,1909Usual Residence Winthrop(8 Trident ave)Filed Feb.13 1909.A true copy.
Attest:E.W.M. Glenen

Registrar.

Herbert H Davis
Feb 11-09

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Robert R. McLeod Registered No. _____
 Place of Death* } 19 Lewis Ave Date of Death } 2/12 1909
 Residence Winthrop Age 60 years 2 months 2 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ Winfield, N. S.NAME OF FATHER James B. McLeodBIRTHPLACE OF FATHER ‡ Liverpool N. S.MAIDEN NAME OF MOTHER Anna SmithBIRTHPLACE OF MOTHER ‡ Liverpool N. S.OCCUPATION HistorianINFORMANT § SonPLACE OF BURIAL OR REMOVAL || Winthrop MassDATE OF BURIAL 2/14 1909UNDERTAKER C. R. BerrisonADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 11 1909 to Feb 12 1909.

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocardial insufficiency of heart

(DURATION) 4 days
 Contributory: Angina Pectoris

(Signed) B. J. McIntosh M.D.
Feb 13 1909 (Address) 170 Winthrop St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

17

Robert A. M. Lead

Feb 12 - 1909.

Permit No.

RETURN OF DEATH.

~~BOSTON~~ MASS.Date of Death, February 13th 1909.Name in full, Solomon Jacobs

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, (
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed, Divorced.)Age, 79 Years, _____ Months, _____ Days. Occupation, RetiredResidence, * 25 Coral Ave. Winthrop Ward, _____Place of Death, _____
(State year, month and day.)Place of Birth, Austindane, Holland Date of Birth, _____Name and Birthplace of Father, Jacob Jacobs. HollandMaiden Name and Birthplace of Mother, Kathryn HollandPlace of Interment, Land in Land Cem. W. Roxbury

* If an institution, state how long an inmate and previous residence.

Edmund E. Peck
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston Feb 14 1909.Name and Age of Deceased, Solomon Jacobs Age, 79 years.I hereby certify that I attended deceased from Feb 14 1909, to Feb 13 1909, that I last saw him alive on the 13th day of February 1909, that he died on the 13th day of February 1909, about 120 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Fatty degeneration of the Heart
Contributing cause, GrippeDuration { Chief Cause, several years
Contributing cause, 2 weeks(31) Put call

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation. } Surgical shock. }	Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Teething.	Name the disease affecting the teething child. See "Dentition."
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *John S. Le. FAVOR* Registered No. _____
 Place of Death * *117 Locust St* Date of Death *Feb 16* 190*9*
 Residence *Wentworth Mass* Age *70* years *11* months *16* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Boston Mass</i>		
NAME OF FATHER <i>John S. FAVOR</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston Mass</i>		
MAIDEN NAME OF MOTHER <i>Sarah Simmons</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston Mass</i>		
OCCUPATION <i>Clerk in Boston Post Office</i>		
INFORMANT § <i>Wife</i>		
PLACE OF BURIAL OR REMOVAL <i>Reading Cemetery</i>		DATE OF BURIAL <i>2/19</i> 190 <i>9</i>
UNDERTAKER <i>C. R. Benson</i>		ADDRESS <i>Wentworth</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 16* 190*9* to *Feb 16* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Angina Pectoris*

(DURATION) *2* Mm. DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. M. McKay* M.D.

Feb 16 190*9* (Address) *170 Commonwealth St. Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

19

John S. Le Fourn

Feb 16-1909

Medical Examiner's No. 1232

Permit No. 26266

RETURN OF A DEATH.

BOSTON, MASS.

Date of Death, Feb 19, 1909

Name in full,

James S. Doherty

husband of Susan

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color,

white

Condition,

Married

(Single, Married, Widowed or Divorced.)

Age, 50 Years, — Months, — Days.

Occupation,

Labourer

Residence, 202 Friend St.

Ward

B.

Place of Death, Winthrop Mass

Place of Birth, Ireland

Date of Birth,

Unknown

Name and Birthplace
of Father,

John Doherty

Ireland

Maiden Name and
Birthplace of Mother,

Elizabeth Doherty

Place of Interment,

Holy Cross Cemetery, Malden

Edward Canney & Son

Undertaker.

Certificate of the Medical Examiner.

I hereby certify that James S. Doherty
 age 50 yrs, residence, 202 Friend St.
 who died on the 19th day of February, 1909,
 came to his death from

Cause: Dilatation of the Heart -

Manner:

George Burgess Dwyer, M. D.,
 Medical Examiner for Suffolk County.

James S. Selbury

Feb 19-1909

CITY OF
BOSTON.

RETURN OF A DEATH—1909.

FULL NAME Bridget Irving Registered No. 1741Place of Death } Boston Mass.Gen.Hospt
and Residence }Date of Death Feb.23 1909. Age 61 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W W

Maiden Name MurrayHusband's Name John J IrvingBirthplace IrelandName of Father Richard MurrayBirthplace of Father IrelandMaiden Name of Mother Margaret PowersBirthplace of Mother IrelandOccupation At Home

Informant

Place of Burial or removal Brockline "Holyhood"Undertaker J L Burke

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Purulent Salpingitis, Genl.
(Duration)Peritonitis: 3 wksContributory: } Broncho-Pneumonia - 1 wk
(Duration)(Signed) J L Belknap M.D.Feb.24 1909.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to hospital Feb.8, 1909Usual Residence Winthrop Hds. (405 Revere St)Filed Feb.25 1909A true copy.
Attest:EWM Glenen

Registrar.

Budget Savings
Feb 23-'09

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Bertha T. Russell* Registered No. _____
 Place of Death* *Winthrop (Metcalf's Hospital)* Date of Death *Feb. 25* 190 *9*
 Residence *138 Bowdoin St.* Age *33* years *5* months *29* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME† <i>Bertha T. Rourke</i>		
HUSBAND'S NAME† <i>George H. Russell</i>		
BIRTHPLACE‡ <i>Cambridge, Mass.</i>		
NAME OF FATHER <i>Peter F. Rourke</i>		
BIRTHPLACE OF FATHER‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Elizabeth Walsh</i>		
BIRTHPLACE OF MOTHER‡ <i>Halifax, N. S.</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT§ <i>George H. Russell</i>		

PLACE OF BURIAL OR REMOVAL||

DATE OF BURIAL

Metcalf's Hospital

190.....

UNDERTAKER

ADDRESS

*Charles H. Russell**219 Bowdoin St.
Dorchester, Mass.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190.....

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Multiple burns of the 1st, 2d, & 3d degrees of* (DURATION)..... DAYS
 Contributory: *accidental origin* (DURATION)..... DAYS

(Signed) *George Bayard Morgan* M.D.
 190..... (Address) *Med. Exam
Suffolk Co.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

22 21

Bertha T. Russell,
Feb. 20, 1909.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary G. Kelly Registered No. _____
 Place of Death* } 77 Atlantic St. Winthrop Mass Date of Death } Feb 26 1909
 Residence 77 Atlantic St. Age 23 years.....months.....days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

East Boston Mass.

NAME OF FATHER

Patrick

BIRTHPLACE OF FATHER ‡

Ireland

MAIDEN NAME OF MOTHER

Bridget Keough

BIRTHPLACE OF MOTHER ‡

Ireland

OCCUPATION

Clerk

INFORMANT §

Bridget Kelly

PLACE OF BURIAL OR REMOVAL ||

Holy Cross Malden

DATE OF BURIAL

Mar 1st 1909

UNDERTAKER

Phos J. Lane

ADDRESS

120 Howe St
2 Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 4 1909 to Feb. 26 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Abscess of lung

(DURATION) 22 DAYS

Contributory: Erysipelas

(DURATION) 4 DAYS

(Signed) Edward J. Drauzer M.D.
Feb. 28 1909 (Address) 304 W. 1st St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, If not at place of death?

Filed

.....190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

21 22.

Mary G. Kelly

Feb 26 1909.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Walton Registered No. _____
 Place of Death* } Waltham Mass Date of Death } March 1 1909
 Residence 56 More Street Age 71 years 6 months 18 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME † <u>Mary Walton</u>		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>East Livermore Me</u>		
NAME OF FATHER <u>William Walton</u>		
BIRTHPLACE OF FATHER ‡ <u>Boston Mass</u>		
MAIDEN NAME OF MOTHER <u>Sabina Walton</u>		
BIRTHPLACE OF MOTHER ‡ <u>East Livermore Me</u>		
OCCUPATION <u>Housekeeper</u>		
INFORMANT § <u>William Walton</u> <u>Brother</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 27 1909 to Mar 1 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carcinoma of Stomach

(DURATION) 2 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. H. White M.D.
Mar 2 1909 (Address) Waltham Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 1909 Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || Livermore Me DATE OF BURIAL _____ 1909
 UNDERTAKER Summer Floyd ADDRESS Waltham

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Mary Walton
March 1 - 1890

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME Jennie L. Lord Registered No. _____
 Place of Death* Winthrop Mass Date of Death March 1 1909
 Residence 223 Liverer Street Age 39 years 3 months 7 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Jennie W. Robbins</u>	HUSBAND'S NAME † <u>Walter L. Lord</u>	
BIRTHPLACE ‡ <u>Burlington VT</u>	NAME OF FATHER <u>George L. Robbins</u>	
BIRTHPLACE OF FATHER ‡ <u>Petersboro N.H.</u>	MAIDEN NAME OF MOTHER <u>Louise L. Nelson</u>	
BIRTHPLACE OF MOTHER ‡ <u>Baldwin VT</u>	OCCUPATION <u>Housewife</u>	
INFORMANT § <u>Husband and Sister</u>		

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Winthrop

190

UNDERTAKER

ADDRESS

Sumner FloydWinthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 25th 1909 to March 1 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION) 1 1/2 DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) A. B. Soman M.D.
Mar 2^d 1909 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

24

Jennie L. Lord

March, 1899

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *William H. Austin* Registered No. _____
 Place of Death* } *95 Shirley Avenue* Date of Death } *March 6* 190*9*
 Residence *Northrop Mass* Age *85* years _____ months _____ days

STATISTICAL DETAILS

SEX *male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Wrentham Mass*NAME OF FATHER *Charles Austin*BIRTHPLACE OF FATHER † *Wrentham*MAIDEN NAME OF MOTHER *Margaret Frasier*BIRTHPLACE OF MOTHER † *Wrentham Mass*OCCUPATION *Retired*INFORMANT § *Nephew*
*F. E. Gilmore*PLACE OF BURIAL OR REMOVAL || *Wrentham Mass* DATE OF BURIAL *Mar 9* 190*9*UNDERTAKER *Summer Floyd* ADDRESS *Northrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 1* 190*9* to *Feb. 6* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Athroma*Contributory: *Central Regurgitation*

(Signed) *H. J. Ford* M.D.
Feb. 8 190*9* (Address) *Wrentham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

25-

William H. Austin

March 6 - 09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Catherine E Cowen Registered No. _____
 Place of Death* } 117 Buchanan St. Date of Death } May 6th 1909
 Residence 117 Buchanan St. Age 16 years 6 months 24 days

STATISTICAL DETAILS

SEX M COLOR N SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ Dorchester
 NAME OF FATHER Mathias
 BIRTHPLACE OF FATHER ‡ Boston Mass.
 MAIDEN NAME OF MOTHER Catherine Delory
 BIRTHPLACE OF MOTHER ‡ Antigonish N.S.
 OCCUPATION None
 INFORMANT § Mr Catherine Cowen

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

Mr Benedict
 UNDERTAKER

Mar 11 1909

ADDRESS

Thos J. Lane

120 Haverhill St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 11 1909 to March 6 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculosis of lungs

several months (DURATION) _____ DAY _____
 Contributory: Same

(Signed) Byam Hallings M.D.
Mar 10 1909 (Address) 267 Washington Ave N

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

26

Katherine E. Cowan

March 6 - '09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Abby A. Clement* Registered No. _____
 Place of Death* *Winthrop Mass* Date of Death *March 9* 190 *9*
 Residence *24 Underhill Street* Age *51* years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
MAIDEN NAME † <i>McLaughlin</i>		
HUSBAND'S NAME † <i>Clement</i>		
BIRTHPLACE ‡ <i>Burlington Mass</i>		
NAME OF FATHER <i>Morris McLaughlin</i>		
BIRTHPLACE OF FATHER ‡ <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Sally E. Bee</i>		
BIRTHPLACE OF MOTHER ‡ <i>Unknown</i>		
OCCUPATION <i>Supt Telephone</i>		
INFORMANT § <i>James McLaughlin</i> <i>(Brother)</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Malignant tumor of uterus*
Duration 7 (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *H. J. Porter* M.D.
March 10 190 *9*, (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk _____

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

*Cremation**X*

UNDERTAKER

ADDRESS

*Summer Floyd**Winthrop*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

27

Abby G. Clement

March 9 - '99

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *William John Orcutt* Registered No. _____
Place of Death* } *146 Cliff Ave Wentworth* Date of Death } *Mar 12th* 190*9*
Residence " " " " " Age *63* years _____ months _____ days _____

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Phill - Pa*

NAME OF FATHER *William John Orcutt*

BIRTHPLACE OF FATHER ‡ *Unknown*

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER ‡ " "

OCCUPATION *Clerk*

INFORMANT § *Home Keenan*

PLACE OF BURIAL OR REMOVAL ¶ *Cambridge Cemetery*

DATE OF BURIAL *Mar 15* 190*9*

UNDERTAKER *C. W. Benson*

ADDRESS *Wentworth, Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190_____ to _____ 190_____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: :

Primary: *Cancer of stomach*

Contributory: _____

(Signed) *B. J. Paul* M.D.

Mar 14 190*9* (Address) *194*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190_____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

28

William John Cressett
March 12-1909

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Cora Louise Savory Martin* Registered No. _____
Place of Death* } *80 Prospect St. Winthrop Mass* Date of Death } *Mar 15th* 190*9*
Residence " " " " Age *53* years *9* months *13* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † *Cora Louise Martin*

HUSBAND'S NAME †

BIRTHPLACE ‡ *Georgetown Mass*

NAME OF FATHER *Winston Hale Savory*

BIRTHPLACE OF FATHER ‡ *Georgetown Mass*

MAIDEN NAME OF MOTHER *Louise Evelyn Raymond*

BIRTHPLACE OF MOTHER ‡ *New Sharon Me*

OCCUPATION

INFORMANT § *John*

PLACE OF BURIAL OR REMOVAL || *Mt Auburn Cemetery*

DATE OF BURIAL *Mar 17th* 190*9*

UNDERTAKER *C. P. Lawrence*

ADDRESS *Winthrop Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cardiac Dropsy*
3 mos. (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *H. J. Porter* M.D.
Mar 17 190*9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
‡ State or country, also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

Lara Louise Larny Martin
march 15, 1909

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City

of

Cambridge

RETURN OF A DEATH

FULL NAME *Harriet Hollinger* Registered No. *407*
*Place of Death { *128 Tremont* Cambridge { Date of Death *Feb. 16* 1909
Name of Hospital or Institution, if any No. Street.
Place of Residence { *75 Main* Winthrop Age *78* Years *11* Months *10* Days
No. Street City or Town

STATISTICAL DETAILS

Sex *F* Color *W* ~~Single, Married,~~
~~Widowed or~~
~~Divorced~~
Maiden Name *Warren* If a married or divorced woman or widow
Husband's Full Name *Daniel*
Birthplace *Dumak, Me.* City or Town and State or Country
Full Name of Father *Isaac Warren*
Birthplace of Father *Maine* City or Town and State or Country
Maiden Name of Mother *Betsy Quimby*
Birthplace of Mother *Brentwood* City or Town and State or Country
Occupation *At home*
Informant's Name (Person giving statistical details)
Elizabeth Fiske No. *75* Street *Main* City or Town *Winthrop*
Place of Burial or Removal *Lowell* Cemetery *Eden*
Undertaker's Name *Edwin L. Derby* Address

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last
illness, from *Feb. 16* 1909 to *Feb. 16* 1909; that to the best of my knowledge and belief death occurred
on the date stated above, and that the CAUSE OF DEATH
was as follows:

(If a soldier or sailor who served in the war of the rebellion both the primary and
contributory causes of death must be given.)

Primary: { *Old age.*

(Duration)

Contributory: { *Acute diarrhoea*

(Duration)

1 day

(Signed) *Jessie J. Boyle* M. D.

(Address) *1129 Cambridge St. Camb.*

*How long at
Place of Death? Years Months Days

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Received at office *Mar. 19* 1909
City Clerk.

Alfred M. Ford

City Clerk

Harriet Hallen

March 16-'09

COMMONWEALTH OF MASSACHUSETTS

CHELSEA

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Rankin, Peleg P. Registered No. 145
 Place of Death* } Chelsea, Mass Soldiers' Home Date of Death } Mar 16, 1909
 Residence Winthrop, Mass Age 75 years 2 months 20 days

STATISTICAL DETAILS

SEX <u>m</u>	COLOR <u>w</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>w</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
<u>Wassellboro, Maine</u>		
NAME OF FATHER		
<u>Wesley W. Rankin</u>		
BIRTHPLACE OF FATHER ‡		
<u>St John, N.B.</u>		
MAIDEN NAME OF MOTHER		
<u>Mercy H. H. H.</u>		
BIRTHPLACE OF MOTHER ‡		
<u>Sidney, Maine</u>		
OCCUPATION		
<u>Greener</u>		
INFORMANT §		
<u>W. H. H. H.</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 18, 1909 to Mar 16, 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease, chronic
intestinal nephritis, cystitis

(DURATION) - DAYS

Contributory: Hemorrhage from
stomach

(DURATION) - DAYS

(Signed) Robert A. Blood M.D.
Mar 16, 1909 (Address) Soldiers' Home

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? - years - months 27 days

Where was disease contracted, if not at place of death?

Filed Mar 19, 1909 Charles H. H. H.
23 Clerk

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
<u>Forest Hill Cemetery</u>	<u>Mar 19, 1909</u>
UNDERTAKER	ADDRESS
<u>W. H. H. H.</u>	<u>Chelsea, Mass</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Wm. L. Rankin

March 16 - '09

RETURN OF A DEATH

FULL NAME *David J. McDonald* Registered No.
 Place of Death **20 Howard St. Waltham, Mass.*
 Date of Death *Mar 16th 1909.* Age *38* years .. months .. days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE , MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>—</i>		
HUSBAND'S NAME † <i>—</i>		
BIRTHPLACE ‡ <i>Cape Breton N. S.</i>		
NAME OF FATHER <i>John J. McDonald</i>		
BIRTHPLACE OF FATHER ‡ <i>Cape Breton N. S.</i>		
MAIDEN NAME OF MOTHER <i>Mary Hillmarck</i>		
BIRTHPLACE OF MOTHER ‡ <i>Cape Breton N. S.</i>		
OCCUPATION <i>Teamster</i>		
INFORMANT § <i>Wife, Margaret McDonald</i>		

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

Holy Cross, Malden *Mar 18th 1909*

UNDERTAKER

ADDRESS

Frank V. Maloney **350 Waltham St.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 10* 190*9* to *Feb 12* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

meningitis(DURATION) *1* DAYS

Contributory:

(DURATION) .. DAYS

(Signed) *B. M. S.*

M.D.

Feb 10 190*9* (Address) *Waltham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

30

David J. McDonald
March 16-1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME *George W. Perkins* Registered No. _____
 Place of Death* *Winthrop Mass* Date of Death *March 18* 190*9*
 Residence *55 Atlantic Street* Age *47* years *2* months *10* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ *East Boston Mass*
 NAME OF FATHER *George S. Perkins*
 BIRTHPLACE OF FATHER ‡ *Berwick Maine*
 MAIDEN NAME OF MOTHER *Madaline J. Merritt*
 BIRTHPLACE OF MOTHER ‡ *South Scituate Mass*
 OCCUPATION *Locomotive Engineer*
 INFORMANT § *Mother*
Madaline J. Merritt

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Mar 15* 190*9* to *Mar 18* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Apoplexy*
 (DURATION) *3* DAYS

Contributory: *Arteriosclerosis*
several years (DURATION) _____ DAYS

(Signed) *O. E. Johnson* M.D.
Mar 19 190*9* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk

PLACE OF BURIAL OR REMOVAL ‖ *Winthrop Cemetery* DATE OF BURIAL _____ 190 _____
 UNDERTAKER *Sumner Floyd Winthrop* ADDRESS _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

31

George M. Perkins
March 18 - 1909

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME Edward A Magee Registered No. _____
 Place of Death* Wentworth Mass Date of Death March 19th 1909
 Residence 26.3 Main Street Age 61 years 2 months 21 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ North Chelsea (Revere) ^{now}
 NAME OF FATHER Edward Magee
 BIRTHPLACE OF FATHER ‡ Boston Mass
 MAIDEN NAME OF MOTHER Caroline S. Tenkety
 BIRTHPLACE OF MOTHER ‡ Chelsea Mass
 OCCUPATION Expressman
 INFORMANT § Mrs Emma Magee (Wife)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 14 1908 to March 19 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Haemorrhage myocardial

(DURATION) 1 DAYS

Contributory: Hypertension

(DURATION) 3 DAYS

(Signed) Edward F. Osma M.D.
March 20 1909 (Address) 5 Chelsea St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted? If not at place of death?

Filed

190.....

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

37

Edward A. Magee

March 19-1809

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Wesley Earl Belcher* Registered No. _____
 Place of Death* } *51 Bowdoin St* Date of Death } *Mar 20* 190 *9*
 Residence " " *Winthrop* Age *1* years *5* months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *M.* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Winthrop*NAME OF FATHER *Herbert L.*BIRTHPLACE OF FATHER ‡ *Winthrop*MAIDEN NAME OF MOTHER *Linnie W. White*BIRTHPLACE OF MOTHER ‡ *Penn Islands*

OCCUPATION _____

INFORMANT § *Father*PLACE OF BURIAL OR REMOVAL || *Winthrop*DATE OF BURIAL *3/22* 190 *9*UNDERTAKER *Chas. Burrows*ADDRESS *Winthrop*

I HEREBY CERTIFY that I attended deceased during last illness, from *Mar 13* 190 *9* to *Mar 20* 190 *9*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia (Broncho)*Contributory: *Measles*(Signed) *G. S. McIntosh*

Mar 21 190 *9* (Address) *170 South St* M.D. *B*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Wesley Paul Belcher
March 20, '89

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Bathsheba Ellis Barlow* Registered No. _____
 Place of Death* } *35 Lincoln Street Wintthrop* Date of Death } *3/21* 190*9*
 Residence " " " *Mass* Age *75* years *11* months *3* days y^s

STATISTICAL DETAILS

SEX <i>female</i>	COLOR <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>widow</i>
MAIDEN NAME † <i>Howard</i>		
HUSBAND'S NAME † <i>Lewis. N. Barlow</i>		
BIRTHPLACE ‡ <i>Sandwich Mass</i>		
NAME OF FATHER <i>Chas Howard</i>		
BIRTHPLACE OF FATHER ‡ <i>Easton Mass</i>		
MAIDEN NAME OF MOTHER <i>May Swift</i>		
BIRTHPLACE OF MOTHER ‡ <i>Sandwich Mass</i>		
OCCUPATION		
INFORMANT § <i>Son</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 18* 190*9* to *Mar 21* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: 's:
 Primary: *Pneumonia*

(DURATION) *7* DAYS Y^s
 Contributory: _____

(DURATION) _____ DAYS Y^s
 (Signed) *B. J. McKelvey* M.D. J.
March 25 190*9* (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, Is, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days y^s

Where was disease contracted, if not at place of death? _____

Filed _____ 190*9* _____
 Clerk rk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Meredean Corn</i>	DATE OF BURIAL <i>3/24</i> 190 <i>9</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Wintthrop</i>

ALL NAMES TO BE IN FULL

34

Katharine Ellis Barlow

March 21-09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Elizabeth A. M. Carthy Registered No. _____
 Place of Death* 16 Nevada St. Date of Death Mar 22 1909
 Residence 16 Nevada St. Age 48 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>F.</u>	COLOR <u>W.</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME† <u>Elizabeth Murray</u>		
HUSBAND'S NAME <u>Eugene M. Carthy</u>		
BIRTHPLACE‡ <u>Hyde Park, Mass.</u>		
NAME OF FATHER <u>John Murray</u>		
BIRTHPLACE OF FATHER‡ <u>Ireland</u>		
MAIDEN NAME OF MOTHER <u>Elizabeth Murray</u>		
BIRTHPLACE OF MOTHER‡ <u>Ireland</u>		
OCCUPATION <u>none</u>		
INFORMANT§ <u>Eugene M. Carthy</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 15 1909 to March 22 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Carcinoma of small intestine
1 1/2 yrs. (DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) H. J. Porter M.D.

Feb. 22 1909 (Address) Winter St., Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190 _____

Clerk _____

PLACE OF BURIAL OR REMOVAL¶ <u>Cemetery</u>	DATE OF BURIAL <u>Mar 24</u> 190 <u>9</u>
UNDERTAKER <u>Thos. J. Lane</u>	ADDRESS <u>120 Howe St. East Boston</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

35

Elizabeth A. Mc. Carthy

March 22-09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Hattie Douglas* Registered No. _____
 Place of Death * *Wintthrop Mass* Date of Death *March 25* 190 *9*
 Residence *Wintthrop Mass* Age *84* years *2* months *6* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
 MAIDEN NAME † *Hattie*
 HUSBAND'S NAME † *Edward Douglas*
 BIRTHPLACE ‡ *P. E. Island*
 NAME OF FATHER *Unknown*
 BIRTHPLACE OF FATHER ‡ *England*
 MAIDEN NAME OF MOTHER *Mary Deacon Cook*
 BIRTHPLACE OF MOTHER ‡ *P. E. Island*
 OCCUPATION _____
 INFORMANT § *Daughter*
Mrs. Joshua Remby

PLACE OF BURIAL OR REMOVAL ‖ *Wintthrop Cemetery* DATE OF BURIAL _____ 190 _____
 UNDERTAKER *Sumner Floyd* ADDRESS *Wintthrop*

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *old age*

(DURATION) _____ DAYS
 Contributory: *Cardiac Failure*
 (SIGNED) *B. J. McLaughlin* (DURATION) _____ DAYS M.D.
March 26 190 *9* (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? _____ years _____ months _____ days
 Where was disease contracted, If not at place of death? _____
 Filed _____ 190 _____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 ‖ Name of cemetery.

B6

Hattie Douglas
March 20-59

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME *Edward Francis Tewksbury* Registered No. _____
 Place of Death* } *Wintthrop Mass* Date of Death } *Mar. 15th 1909*
 Residence *59 Bial Street* Age _____ years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Wintthrop Mass</i>		
NAME OF FATHER <i>Melbourne B. Tewksbury</i>		
BIRTHPLACE OF FATHER ‡ <i>Wintthrop Mass</i>		
MAIDEN NAME OF MOTHER <i>Helen F. Fairchild</i>		
BIRTHPLACE OF MOTHER ‡ <i>Lyme New Hampshire</i>		
OCCUPATION		
INFORMANT § <i>Father</i> <i>Melbourne B. Tewksbury</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Unif*

Contributory: _____

(Signed) *B. Phil. Caff* M.D.

Mar. 26 1909 (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____

Clerk.

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Wintthrop Cemetery</i>	DATE OF BURIAL _____ 190____
UNDERTAKER <i>Summer Floyd</i>	ADDRESS <i>Wintthrop</i>

37

Edward Francis Teakelburg
March 25, 1909.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Louise B. Davison* Registered No. _____
 Place of Death * *Wentworth Mass* Date of Death *March 26* 190*9*
 Residence *26 Angleside Ave* Age *72* years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
MAIDEN NAME † <i>Louise B. White</i>	HUSBAND'S NAME † <i>John W. Davison</i>	
BIRTHPLACE ‡ <i>Plymouth VT</i>		
NAME OF FATHER <i>George W. White</i>		
BIRTHPLACE OF FATHER ‡ <i>Plymouth VT</i>		
MAIDEN NAME OF MOTHER <i>Emma Paddock</i>		
BIRTHPLACE OF MOTHER ‡ <i>Bompet VT</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Daughter Mrs Cora Sumner</i>		

PLACE OF BURIAL OR REMOVAL || *Vermont* DATE OF BURIAL _____ 190_____

UNDERTAKER *Funeral Home* ADDRESS *Wentworth*

I HEREBY CERTIFY that I attended deceased during last illness, from *March 3*, 190*9* to *March 26*, 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Gastritis*

(DURATION) *23* DAYS
Contributory: *Chronic Bronchitis*

(SIGNED) *H. Williams* M.D.
22 Wentworth St.
March 26, 190*9* (Address) *East Boston, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? _____ years _____ months _____ days

Where was disease contracted, if not at place of death ? _____

Filed _____ 190_____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.

|| Name of cemetery.

38

Levicy P. Danion

March 26-09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Lucius Floyd* Registered No. _____
 Place of Death* } *Wentworth Mass* Date of Death } *March 31* 190 *9*
 Residence *30 Madison Avenue* Age *74* years *4* months *13* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Chelsea Mass</i>		
NAME OF FATHER <i>David Floyd</i>		
BIRTHPLACE OF FATHER ‡ <i>Chelsea Mass</i>		
MAIDEN NAME OF MOTHER <i>Sally J. Tewksbury</i>		
BIRTHPLACE OF MOTHER ‡ <i>Chelsea Mass</i>		
OCCUPATION <i>Builder</i>		
INFORMANT § <i>Wife</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *July* 190*7* to *March 21* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *apoplexy*

(DURATION) *1-2 yrs* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. J. Melcally* M.D.

April 1 190*9* (Address) *Wentworth Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190 _____

Clerk

PLACE OF BURIAL OR REMOVAL <i>Wentworth Cemetery</i>	DATE OF BURIAL _____ 190 _____
UNDERTAKER <i>Sumner Floyd</i>	ADDRESS <i>Wentworth</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

39

Lucius Floyd -
mch 31 '09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Charles Francis Turner Registered No. _____
 Place of Death* } 243 Winthrop St Date of Death } Mar 31st 1909
 Residence 243 Winthrop St Age 32 years 6 months 28 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 7 1909 to March 31 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac Thrombosis

Contributory: Lobar Pneumonia (DURATION) 1/24 DAYS

(Signed) Walter B. M. Smith M.D.

Apr 3 1909 (Address) 237 Meridian St. B

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

40

Charles Frances Turner

Mar 31-09

RETURN OF A DEATH—1909.

FULL NAME.....Ellsworth A Glidden.....Registered No.....3104

Place of Death } Boston
and Residence } Mass.Gen.Hospt.

Date of Death.....Apr.3.....1909. Age 49 years.....months.....days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M

W

M

Maiden Name.....

Husband's Name.....

Birthplace.....Belgrade, Me.

Name of
Father.....-----GliddenBirthplace
of Father.....-----Maiden Name
of Mother.....-----Birthplace
of Mother.....-----

Occupation.....Retired

Informant.....

Place of Burial
or removal.....Belgrade, Me.

Undertaker.....C K Shurtleff

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1909, to.....1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Gen. Peritonitis, Ac. Pleuriti
(Duration) } 4 daysContributory: } Appendix abscess - 2½ wks
(Duration) }

(Signed).....L H Burlingham.....M.D.

Apr.3 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recen
Residents.

Admitted to hospital Mar.31, 1909

Usual Residence.....Winthrop (Taft Ave)

Filed.....Apr.5.....1909.

A true copy.

Attest:

EWM Glenen

Registrar.

Ellsworth A. Gladden
Apr - 3 - '09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.) *Worcester*

FULL NAME *Francis Pilling* Registered No. _____
 Place of Death* } *64 Beacon Street* Date of Death } *4/4* 190 *9*
 Residence *" "* Age *X* years *X* months *1* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Worcester Mass</i>		
NAME OF FATHER <i>Walter John Pilling</i>		
BIRTHPLACE OF FATHER ‡ <i>Wigan England</i>		
MAIDEN NAME OF MOTHER <i>Gertrude Simmons</i>		
BIRTHPLACE OF MOTHER ‡ <i>Worcester Eng</i>		
OCCUPATION <i>" "</i>		
INFORMANT § <i>W. J. Pilling</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *March 26* 190 *9* to *Apr 4* 190 *9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary *Mal. decomp ment.*

(DURATION) *10* DAYS
 Contributory: _____
 (DURATION) _____ DAYS
 (Signed) *B. M. M. M. M.* M.D.
Apr 5 190 *9* (Address) *Worcester Mass*

* SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? _____ years _____ months _____ days
 Where was disease contracted, if not at place of death? _____

Filed _____
 _____ 190 _____
 Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Worcester Cemetery</i>	DATE OF BURIAL <i>4/5</i> 190 <i>9</i>
UNDERTAKER <i>C. J. Burman</i>	ADDRESS <i>Worcester</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK. THIS IS A PERMANENT RECORD.

ALL NAMES TO BE IN FULL

41

Frances Pelling
apr. 4 '09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *William Blackstone Bennett* Registered No.Place of Death* *Winthrop Mass* Date of Death *April 11* 190 *9*Residence *371 Shirley Street* Age *56* years *2* months *~* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190 , that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*
..... (DURATION) *10* DAYS

Contributory:
..... (DURATION) DAYS

(Signed) *H. J. Parker* M.D.
Apr 12 190 *9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

42

William Blackstone Bennett

Apr 11-1909

COMMONWEALTH OF MASSACHUSETTS

City

of

Cambridge

RETURN OF A DEATH

543

FULL NAME *Julia Furgang* Registered No. _____
 *Place of Death { *860 Mass Ave* Cambridge { Date of Death *Apr 12* 1909
 Name of Hospital or Institution, if any No. Street
 Place of Residence { *132 Pauline St* *Winthrop* Age *45* Years *0* Months *0* Days
 No. Street City or Town

STATISTICAL DETAILS

Sex *F* Color *W* Single, Married, Widowed or Divorced
 Maiden Name *Pillar* (If a married or divorced woman or widow)

Husband's Full Name *Rudolph Furgang*
 Birthplace *Cambridge* City or Town and State or Country

Full Name of Father *Manuel Pillar*
 Birthplace of Father *Unknown* City or Town and State or Country

Maiden Name of Mother *Sarah Joseph*
 Birthplace of Mother *Unknown* City or Town and State or Country

Occupation *Housekeeper*

Informant's Name (Person giving statistical details)
 Husband *132 Pauline* No. Street City or Town *Do*

Place of Burial or Removal *Hand in Hand* Cemetery *Doston*

Undertaker's Name *Edward E Roach* Address *1385 Columbus Ave*
Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Apr 5* 1909 to *Apr 12* 1909; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: { *Fibroid Tumor Uterus*

(Duration) *Indefinite*

Contributory: {

(Duration)

(Signed) *Henry O. Marcy* M. D.

(Address) *180 Summer Street, Cor Boston*

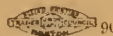
*How long at Place of Death? Years Months Days

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Received at office of City Clerk *Apr 14* 1909

Albert M. Bear City Clerk



FILL OUT WITH INK. - THIS IS A PERMANENT RECORD ALL NAMES TO BE IN FULL

Julia Furgang

Apr - 12. '89

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME Daniels Registered No. _____
 Place of Death* 33 Chester Ave Date of Death April 14 1909
 Residence _____ Age _____ years _____ months 5 hours 14 days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>/</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Winthrop Mass</u>		
NAME OF FATHER <u>Harry H. Daniels</u>		
BIRTHPLACE OF FATHER ‡ <u>Phil - Pa</u>		
MAIDEN NAME OF MOTHER <u>Laura M. Rogers</u>		
BIRTHPLACE OF MOTHER ‡ <u>St Louis Mo</u>		
OCCUPATION _____		
INFORMANT § <u>Harry H. Daniels</u>		
PLACE OF BURIAL OR REMOVAL <u>Winthrop Cemetery</u>	DATE OF BURIAL <u>4/16</u> 190 <u>9</u>	
UNDERTAKER <u>C. R. Benson</u>	ADDRESS * <u>Winthrop</u>	

I HEREBY CERTIFY that I attended deceased during last illness, from April 14 1909 to April 14 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature Infant
5 hours (DURATION) _____ DAYS

Contributory: _____
 _____ (DURATION) _____ DAYS

(Signed) O. E. Johnson M.D.
April 15 1909 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 1909 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

43

Daniels

April 14 - '09

Winthrop

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, April 24th 1909.

Name in full, John J. Donovan

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 31 Years, - Months, 10 Days. Occupation, Clerk

Residence, * 45 Beal St Ward,

Place of Death, 45 Beal St

Place of Birth, East Boston Mass Date of Birth, April 9th 1909
(State year, month and day)

Name and Birthplace of Father, Timothy Donovan - Ireland

Maiden Name and Birthplace of Mother, Annie M. O'Donnell - Ireland

Place of Interment, Holy Cross Malden

* If an institution, state how long an inmate and previous residence.

M. J. Kelly Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, April 24 1909

Name and Age of Deceased, John J. Donovan Age, 31 years.

I hereby certify that I attended deceased from April 19th 1909, to April 24th 1909, that I last saw him alive on the 24th day of April 1909, that he died on the 24th day of April 1909, about 3⁴⁵ o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Pneumonia
Contributing cause,Duration { Chief Cause, 6 days
Contributing cause,

B. J. Kelly M. D.

Copy 24-101

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form: Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being not more nor less than typhoid fever.

Medical Examiner's No. 1346



Permit No. 172

RETURN OF A DEATH.

BOSTON, MASS.

Name in full, Andrew Kelly
 Date of Death, April 26/1909
 Sex, M Color, White Condition, Married
 (If married or divorced woman give maiden name, also name of husband.)
 Age, 47 Years, — Months, — Days. Occupation, Fisherman
 Residence, 12 Bolton Street S. Boston Ward 13.
 Place of Death, Boston Harbor at Northrop. (State year, month and day.)
 Place of Birth, Ireland Date of Birth, _____
 Name and Birthplace of Father, John Ireland
 Maiden Name and Birthplace of Mother, Mary Donahoe - Ireland
 Place of Interment, Cathay
John V. Paury Son
 Undertaker.

Certificate of the Medical Examiner.

I hereby certify that Andrew Kelly,
 age 60 yrs, residence, 122 St. 2 Dor. Ave., So. Boston,
 who died on the 26th day of April, 1909,
 came to his death from

Cause: DrowningManner: Unknown, probably accidental

Long Bayes Regan, M. D.,
 Medical Examiner for Suffolk County.

45

Andrew Kelly

April 26-1909

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Mary Jane Wellman* Registered No.
 Place of Death* *Wentworth Mass* Date of Death *May 6* 190*9*
 Residence *54 Shirley Street* Age *23* years *4* months *10* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME† <i>Mary Jane Morgan</i>		
HUSBAND'S NAME† <i>John W. Wellman</i>		
BIRTHPLACE‡ <i>Lynn Mass</i>		
NAME OF FATHER <i>Thomas Morgan</i>		
BIRTHPLACE OF FATHER‡ <i>Milfordshire England</i>		
MAIDEN NAME OF MOTHER <i>Mary Jane Hughes</i>		
BIRTHPLACE OF MOTHER‡ <i>New Brighton England</i>		
OCCUPATION <i>None</i>		
INFORMANT§ <i>Mother</i> <i>Mary J. Morgan</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Tuberculosis of the lungs*
 (DURATION) DAYS

Contributory:
 (DURATION) DAYS

(Signed) *A. B. Looman* M.D.
May 7th 190*9* (Address) *Wentworth Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190..... Clerk

PLACE OF BURIAL OR REMOVAL||

DATE OF BURIAL

Wentworth Cemetery 190.....
 UNDERTAKER *Sumner Floyd* ADDRESS *Wentworth Mass*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

46

Mary Jane Sullivan

May 6-1909

COMMONWEALTH OF MASSACHUSETTS

Still Born

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME Sheehan Registered No. _____
 Place of Death* } Melrose Hospital Date of Death } May 8 1909
 Residence 195 Lincoln St Age Still Born years _____ months _____ days _____

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____
Worcester Mass.

NAME OF FATHER

William J. SheehanBIRTHPLACE OF FATHER ‡ _____
Lawrence Mass.

MAIDEN NAME OF MOTHER

Phenice K. KermeyBIRTHPLACE OF MOTHER ‡ _____
Chelsea Mass.

OCCUPATION _____

INFORMANT § _____
W. R. KermeyPLACE OF BURIAL OR REMOVAL ‖ _____
St. Michael's CemeteryDATE OF BURIAL _____
May 12 1909UNDERTAKER _____
C. R. BrennanADDRESS _____
St. Michael's

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 8 1909 to May 8 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth(DURATION) 6 hours DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. J. Melrose M.D.May 10 1909 (Address) 174 South St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

1909 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

47

Sheehan
May 8, 1909

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, May 9, 1909.

Name in full, Earle Park Batstone.

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male. Color, White. Condition, Single.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 2 Years, 11 Months, 3 Days. Occupation, None.

Residence,* 72 Herman St. Winthrop, Mass. Ward,

Place of Death, 72 Herman St. Winthrop, Mass. May 9, 1909.
(State year, month and day.)

Place of Birth, Newton, Mass. Date of Birth, June 6, 1906.

Name and Birthplace of Father, Frank Batstone, East Boston, Mass.

Maiden Name and Birthplace of Mother, Theodosia Park, Newton, Mass.

Place of Interment, Newton Cemetery, Newton, Mass.

* If an institution, state how long an inmate and previous residence.

George H. Gregory & Son
Undertakers
Newtonville**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**

Boston, May 7, 1909.

Name and Age of Deceased, Earl Batstone Age, 3 years.

I hereby certify that I attended deceased from May 4, 1909, to May 9, 1909, that I last saw him alive on the 9th day of May 1909, that he died on the 7th day of May 1909, about 10:30 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Traumatic Convulsions
Contributing cause, Acute Nephritis

Duration { Chief Cause, 1 day
Contributing cause, 2 weeks

H. J. Porter M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age," as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of injury. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Margaret M. Patchett* Registered No. _____
 Place of } *Wintthrop, Mass* Date of } *May 10* 190*9*
 Death* } _____ Death } _____
 Residence *10. Charles Street* Age *24* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Margaret M. Bruce</i>		
HUSBAND'S NAME † <i>James H. Patchett</i>		
BIRTHPLACE ‡ <i>Scotland</i>		
NAME OF FATHER <i>Robert Bruce</i>		
BIRTHPLACE OF FATHER ‡ <i>Scotland</i>		
MAIDEN NAME OF MOTHER <i>Unknown</i>		
BIRTHPLACE OF MOTHER ‡ <i>Scotland</i>		
OCCUPATION <i>None</i>		
INFORMANT § <i>Husband</i> <i>James H. Patchett</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *April 24* 190*9* to *May 10* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Ruptured Ectopic Gestation*

(DURATION) *7* DAYS
 Contributory: *General Peritonitis*

(SIGNED) *Byam Hollings* M.D.
May 10 190*9* (Address) *267 Washington Ave*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190____ Clerk _____

PLACE OF BURIAL OR REMOVAL ‖ *Wintthrop Cemetery* DATE OF BURIAL _____ 190____

UNDERTAKER *Samuel Floyd* ADDRESS *Wintthrop*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Margaret M. Patchet

May 10 - 1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Alfred L. Sawyer* Registered No. _____
 Place of Death* *5 Pauline St* Date of Death *May 13* 190*9*
 Residence " " " Age *43* years *8* months _____ days

STATISTICAL DETAILS

SEX <i>M.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>John D. Sawyer</i>		
BIRTHPLACE OF FATHER ‡ <i>Durham me</i>		
MAIDEN NAME OF MOTHER <i>Sarah E. Pickett</i>		
BIRTHPLACE OF MOTHER ‡ <i>No Wakefield me</i>		
OCCUPATION <i>Plumber</i>		
INFORMANT § <i>Mother</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 10* 190*9* to *May 13* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *acute articular Rheumat*

(DURATION) *8* DAYS
 Contributory: *Heart failure*
 (DURATION) *2* DAYS
 (Signed) *W. H. M. C. M. D.*
May 15 190*9* (Address) *174 Winthrop St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190____ Clerk

PLACE OF BURIAL OR REMOVAL <i>Winthrop Cemetery</i>	DATE OF BURIAL <i>May 16</i> 190 <i>9</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Winthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

50

Albert L. Sanger

May 13, 1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Rosette Boerant Schryver* Registered No. _____
 Place of Death* } *Winthrop Mass* Date of Death } *May 13* 190*9*
 Residence *Eliff Avenue* Age *77* years *~* months *~* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † *Rosette Boerant*
 HUSBAND'S NAME † *Solomon Schryver*
 BIRTHPLACE ‡ *Amsterdam Holland*
 NAME OF FATHER *Marcus Boerant*
 BIRTHPLACE OF FATHER ‡ *Amsterdam Holland*
 MAIDEN NAME OF MOTHER *Sarah Jacobs*
 BIRTHPLACE OF MOTHER ‡ *Amsterdam Holland*
 OCCUPATION *~ ~ ~*
 INFORMANT § *Husband Solomon Schryver*

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept. 5* 190*6* to *May 13* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Diabetes mellitus*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *Thomas E. Piggott* M.D.

May 13 190*9* (Address) *Winthrop, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Knollwood Cemetery* DATE OF BURIAL *May 16* 190*9*
 UNDERTAKER *Samner Floyd* ADDRESS *Winthrop*

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

51

Rosette Laerant Schryver

May 13-1909

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Henry C. Hamilton* Registered No. _____
 Place of Death * } *Wintthrop Mass* Date of Death } *May 14* 190*9*
 Residence *39 Burn Street* Age *72* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Windsor Maine</i>		
NAME OF FATHER <i>Isaiah Hamilton</i>		
BIRTHPLACE OF FATHER ‡ <i>Unknown</i>		
MAIDEN NAME OF MOTHER <i>Eliza Hamilton</i>		
BIRTHPLACE OF MOTHER ‡ <i>Unknown</i>		
OCCUPATION <i>RR Crossing Flagman</i>		
INFORMANT § <i>Son</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 14* 190*9*, to *May 14* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Mitral Insufficiency*

Contributory: *Arterio-sclerosis*

(Signed) *W. J. Porter* M.D.

May 15 190*9* (Address) *Wintthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

190____ Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Gardner Mc

190____

UNDERTAKER

ADDRESS

Summer Floyd

Wintthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

52

Henry C. Hamilton
May 14 - 1909

RETURN OF A DEATH—1909.

BOSTON.

FULL NAME Cameron William A Registered No. 4562Place of Death } Boston
and Residence } 524 Warren stDate of Death May 15 1909. Age 56 years 5 months 12 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W S

Maiden Name

Husband's Name

Birthplace WinchesterName of Father William CameronBirthplace of Father ScotlandMaiden Name of Mother Sarah WrightBirthplace of Mother ScotlandOccupation Insurance

Informant

Place of Burial or removal WinchesterUndertaker J O Whitney

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1909, to 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:
(Duration)Pulm Emphysema - yrsContributory:
(Duration)Heart failure -(Signed) F L Taylor M.D.May 16 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WinthropFiled May 18 1909.A true copy.
Attest:E. W. M. Glenen

Registrar.

William A. Cameron
May 10 '09

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *May 15th* 190*9*.Name in full, *Clairie S. Carr*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *(Single, Married, Widowed or Divorced.)*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *1* Years, *11* Months, *1* Days. Occupation, *(Blank)*Residence, *Winthrop Mass* Ward, *(Blank)*Place of Death, *135 Grover Avenue N. Highlands*
(State year, month and day.)Place of Birth, *Winthrop Mass* Date of Birth, *(Blank)*Name and Birthplace of Father, *James S. Carr - Woodstock N B*Maiden Name and Birthplace of Mother, *Helen W. MacCallum St Peter P E I*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Samuel Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *May 15,* 190*9*.Name and Age of Deceased, *Clairie S. Carr* Age, *1* years *11* months *1* dayI hereby certify that I attended deceased from *May 9,* 190*9*, to *May 15,* 190*9*, that I last saw *her* alive on the *15th* day of *May* 190*9*, that *she* died on the *15th* day of *May* 190*9*, about *1.10* o'clockA.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Tubercular Meningitis*
Contributing cause, *(Blank)*Duration { Chief Cause, *(Blank)*
Contributing cause, *(Blank)**Thomas E. Sigott* M. D.

* If an institution, state how long an inmate and previous residence.

Delaware St. Road
May 15, 1909

RETURN OF A DEATH—1909.

BOSTON.

FULL NAME Oscar L. Noble Registered No. 4691Place of Death } Boston, 4 Donnybrook road. Winthrop
and Residence }Date of Death May 17 1909, Age 79 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name ..

Husband's Name ..

Birthplace Dexter, Mich.Name of Father Nathanial NobleBirthplace of Father ----Vt.Maiden Name of Mother Lucretia StilsonBirthplace of Mother ---- N.Y.Occupation None

Informant ..

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Pernicious Anaemia 2 yrs.
(Duration)Contributory: } Chronic Interstitial
(Duration)Nephritis, abt 4 yrs.(Signed) Wm. L. Ripley M.D.May 17 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Mt. Auburn Crematory
CambridgeUndertaker J. Waterman & SonsUsual Residence WinthropFiled May 21 1909A true copy.
Attest:E. W. M. Glenan

Registrar.

Oscar L. Noble
May 17-09

Winthrop

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, May 22, 1909.

Name in full, Timothy Donoran

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 66 Years, 7 Months, 12 Days. Occupation, No activist.

Residence, 122 Main Street

Ward,

Place of Death, 122 Main Street

Place of Birth, Ireland

Date of Birth, October 10, 1842

Name and Birthplace of Father, Michael Donoran — Ireland.

Maiden Name and Birthplace of Mother, Mary Harrington — Ireland.

Place of Interment, Holy Cross, Malden.

* If an institution, state how long an inmate and previous residence.

M. J. Kelly

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston,

May 24

1909.

Name and Age of Deceased, Timothy Donoran Age, 66 years.

I hereby certify that I attended deceased from May 16 1909, to May 22nd 1909.that I last saw him alive on the 22nd day of May 1909.that he died on the 22nd day of May 1909, about noon o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Pneumonia
Contributing cause,Duration { Chief Cause, 7 days
Contributing cause,

B. Melcaty

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form: Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused death.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A return of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Herbert Fulham* Registered No. _____
 Place of Death * *Winthrop, Mass.* Date of Death *May 22* 190*9*.
 Residence *34 Fair View St.* Age *2* years _____ months _____ days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

34 Fair View St. Winthrop

NAME OF FATHER

Nicholas Leonard

BIRTHPLACE OF FATHER ‡ _____

Boston

MAIDEN NAME OF MOTHER

Mary E. Barrett

BIRTHPLACE OF MOTHER ‡ _____

Boston

OCCUPATION _____

INFORMANT §

Parents

PLACE OF BURIAL OR REMOVAL ‖

444 Cross Cemetery, Malden, Mass.

DATE OF BURIAL

May 24 1909

UNDERTAKER

Frank J. Maloney

ADDRESS

350 Winthrop St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 11* 190*9* to *May 22* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cholera*
Tubercular Meningitis
 (DURATION) *14* DAYS

Contributory: *Cholera*
 (DURATION) *10* DAYS

(Signed) *Edward J. Trauger* M.D.
May 24 1909 (Address) *30 W. Winthrop St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190*9* _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

55

Herbert Fulham

May 22, 1909

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *May 22* 1909.Name in full, *Edward S. Tewksbury*.

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M.* Color, *W.* Condition, *M.*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *47* Years, *6* Months, *17* Days. Occupation, *Milk dealer*Residence, *76 Somerset Ave.* Ward,Place of Death, *76 Somerset Ave. Wintthrop*
(State year, month and day.)Place of Birth, *Wintthrop Mass* Date of Birth, *Nov 5* 1861.Name and Birthplace of Father, *John Wintthrop Mass.*Maiden Name and Birthplace of Mother, *Elizabeth Hanson Brookfield N.H.*Place of Interment, *Wintthrop Mass.*

* If an institution, state how long an inmate and previous residence.

E. G. Brown.
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *May 23* 1909.Name and Age of Deceased, *Edward S. Tewksbury* Age, *47* years.I hereby certify that I attended deceased from *July* 1909, to *May 22* 1909, that I last saw *him* alive on the *22* day of *May* 1909 that *he* died on the *22* day of *May* 1909, about *7.30* clock~~A.M.~~ P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Sarcoma of Abdomen*
(wall of abdomen)
Contributing cause,Duration { Chief Cause, *Two or three years*
Contributing cause,*O. E. Johnson* M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds nothing to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was tuberculosis, syphilis, or cholera infantum? Fully, as this return in itself is practically worthless.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? Is it exactly in this form? Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence shown by the statement of age in years, months, or days. To this the statement of "old age" as death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or pneumonia. If sequel to influenza, state that.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal? If traumatic, state nature of accident.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state the accident. If from surgical operation, state nature of injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	Always state the disease or injury requiring the operation. Unless the operation was improper or unskilfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child.
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some agent? Was it auto-intoxication, due to poison absorbed in the body by disease? If so, state nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pneumonia if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? The nature of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winstrop
(CITY OR TOWN.)

FULL NAME *Louise A. Elwell* Registered No. _____
Place of Death* *13 Loring Road* Date of Death *May 24* 190*7*
Residence *Winstrop Mass* Age *73* years *10* months *16* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

MAIDEN NAME †

HUSBAND'S NAME † *Louise A. Wiggins*BIRTHPLACE ‡ *Montonville N. H.*NAME OF FATHER *Wiggins*BIRTHPLACE OF FATHER ‡ *Unknown*MAIDEN NAME OF MOTHER *Unknown*BIRTHPLACE OF MOTHER ‡ *Unknown*OCCUPATION *Unknown*INFORMANT § *Mrs. Louise A. Elwell*PLACE OF BURIAL OR REMOVAL || *Winstrop Mass*DATE OF BURIAL *May 26* 190*7*UNDERTAKER *C. R. Cummings*ADDRESS *Winstrop Mass*

I HEREBY CERTIFY that I attended deceased during illness, from *May 22* 190*7* to *May 24* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Angina Pectoris*
(several attacks)

Contributory: *Overexertion and senile debility*

(Signed) *Edwin H. Cummings*
May 25 190*7* (Address) *898 Winstrop Ave. Winstrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transfers or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190*7*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

57

Louise A. Chubb

May 24-1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Ellen Heddrington Registered No. 649
 Place of Death* } 48 Bowdoin St Wintthrop Mass Date of Death } May 26 1909
 Residence 48 Bowdoin St Wintthrop Age 75 years... months... days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>R</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u>
MAIDEN NAME† <u>Ellen Kelly</u>		
HUSBAND'S NAME† <u>James Heddrington</u>		
BIRTHPLACE‡ <u>Ireland</u>		
NAME OF FATHER <u>Dennis Kelly</u>		
BIRTHPLACE OF FATHER‡ <u>Ireland</u>		
MAIDEN NAME OF MOTHER <u>Margaret Gleason</u>		
BIRTHPLACE OF MOTHER‡ <u>Ireland</u>		
OCCUPATION <u>none</u>		
INFORMANT§ <u>James Heddrington</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 1 1909 to May 27 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carcinoma of Intestine

(DURATION) 4 weeks

Contributory:

(DURATION)..... DAY 8

(Signed) Edward J. Grainger - M.D.

May 28 1909 (Address) Edward J. 309 W. Union St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, if not at place of death?.....

Filed 190..... Clerk

* City or town, street and number. If any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL|| Holy Cross Malden DATE OF BURIAL May 29 1909

UNDERTAKER Thos. J. Dorne ADDRESS 120 Haver St & B.

ALL NAMES TO BE IN FULL

58

Ellen Hedington

May 26-1909.

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN)

FULL NAME *Mary Ellen* Registered No. _____
 Place of Death* *48 Bowdoin St Wintthrop* Date of Death *May 25* 190*9*
 Residence *48 Bowdoin St.* Age *75* years _____ months _____ days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Ireland</i>		
NAME OF FATHER		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER ‡		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION		
INFORMANT § <i>James Ellen</i> <i>Son. 91 Maywell St Dorchester</i>		
PLACE OF BURIAL OR REMOVAL <i>Holyhood</i>		DATE OF BURIAL 190.....
UNDERTAKER <i>Levin Jones Son</i>		ADDRESS <i>50 LaGrange St</i> <i>Boston</i>

I HEREBY CERTIFY that I attended deceased during last illness, from *May 20* 190*9* to *May 25* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*
 (DURATION) *5* DAYS

Contributory: _____
 (DURATION) _____ DAYS

(Signed) *Edward J. Trauger* M.D.
May 25 190*9* (Address) *304 Wintthrop St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents,

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed 190.....
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

⁵
Mary Ellen

May 25, 1909.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, June 1 1909.Name in full, Edward F. Gage

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 46 Years, 4 Months, 22 Days. Occupation, PhysicianResidence, Winthrop St. Ward,Place of Death, 56 Winthrop Shore Drive
(State year, month and day.)Place of Birth, North Andover Date of Birth, Jan 10Name and Birthplace of Father, Daniel Gage - North AndoverMaiden Name and Birthplace of Mother, Nancy Vickrey - Amherst N. H.Place of Interment, Amherst Cemetery - Amherst Mass
Edmonson Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, June 2 1909.Name and Age of Deceased, Edward F. Gage Age, 46 years.I hereby certify that I attended deceased from May 22 1909, to June 1 1909, that I last saw him alive on the 1 day of June 1909, that he died on the 1st day of June 1909, about 7:45 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:Disease { Chief cause, Pneumonia
Contributing cause,Duration { Chief Cause, Six days
Contributing cause,(1) E. Johnson M. D.

* If an institution, state how long an inmate and previous residence.

June 1-1909.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, June 2, 1909. 19Name in full, Sarah E. DelanoPigeon Henry M.

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 76 Years, 10 Months, 1 Days. Occupation,Residence, * 146 Somerset Ave.; Winthrop. Ward,Place of Death, 146 Somerset Ave.; Winthrop.

(State year, month and day.)

Place of Birth, Boston, Mass.: Date of Birth, Aug. 1, 1832Name and Birthplace } Henry Pigeon Sr.-----Boston, Mass.:
of Father, }Maiden Name and } Judith W. Cline,-----Gloucester, Mass.:
Birthplace of Mother, }Place of Interment, Woodlawn Cemetery, Everett, Mass.:

* If an institution, state how long an inmate and previous residence.

E. J. Brown

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age } Sarah E. Delano June 2nd 1909.
of Deceased, }Age, 76 years.I hereby certify that I attended deceased from 1905 19, to June 1st
1909, that I last saw her alive on the 1st day of June 1909
that she died on the 2nd day of June 1909, about 5 am. o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death
was as follows:Disease { Chief cause, Carcinoma of Stomach.
Contributing cause,Duration { Chief Cause, six months
Contributing cause,B. M. M. M. M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no proof to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it tuberculosis, syphilis, or cholera infantum? If so, fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poison absorbed in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A combination of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

RETURN OF A DEATH

Wrentham
(CITY OR TOWN.)

FULL NAME William F. Mason

Registered No.

Place of Death* } Saint Shirley Club.

Date of Death June 2

1909

Residence

Age 51

years

months

days

STATISTICAL DETAILS

SEX M COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Lynn, Mass

NAME OF FATHER

Patrick Mason

BIRTHPLACE OF FATHER ‡

Ireland

MAIDEN NAME OF MOTHER

Blanche Denington

BIRTHPLACE OF MOTHER ‡

Ireland

OCCUPATION

Clerk

INFORMANT §

Laura E. Reilly Sister

PLACE OF BURIAL OR REMOVAL ||

Lynn, Mass

DATE OF BURIAL

June 5th 1909

UNDERTAKER

Benjamin J. Jones

ADDRESS

20 Exchange St

Boston, Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: Asphyxiation by Suspension, Suicidal

(DURATION) DAY

Contributory:

(DURATION) DAY

(Signed) George Burgen Magrath, M.D.

190 (Address) Ded. Exam. Suffolk

SPECIAL INFORMATION only for Hospitals, Institutions, Transient or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

~~174~~ 62

William F. Mason

June 2, 1909

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, June 11th 1909

Name in full, Charles E. Stevenson

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 76 Years, 1 Month, 2 Days. Occupation, Retired

Residence, Winthrop Mass Ward,

Place of Death, 12 Pico Avenue (Off Sunnyside Avenue)
(State year, month and day.)

Place of Birth, Eastport Me Date of Birth,

Name and Birthplace of Father, John Stevenson - Belfast Me

Maiden Name and Birthplace of Mother, Susan E. Fritz - Nova Scotia

Place of Interment, Winthrop Cemetery

* If an institution, state how long an inmate and previous residence.

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, June 17th 1909
Name and Age of Deceased, Ches E. Stephenson Age, 76 years.I hereby certify that I attended deceased from 1906 19, to June 11th 1909, that I last saw him alive on the 10 day of June 1909, that he died on the 11 day of June 1909, about o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, apoplexy
Contributing cause, Duration { Chief Cause, 2 yrs
Contributing cause,

B. H. M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds nothing to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it tuberculosis, syphilis, or cholera infantum? If so, state fully, as this return in itself is practically worthless.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, state exactly in this form. Did it follow scarlet fever, diphtheria, or some acute infection? If so, name the disease. Was it traumatic? If so, state nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic" should be rarely returned. Was it traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or pneumonia. If sequel to influenza, state that.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal? If traumatic, state nature of accident or injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state accident. If from surgical operation, state nature of injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring the operation. Unless the operation was improper or unnecessary, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some agent? Was it auto-intoxication, due to poison absorbed in the body by disease? If so, state nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as primary cause of death if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, state to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? The nature of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Waltham
(CITY OR TOWN.)

FULL NAME *Henry Appleton Hay* Registered No. _____
Place of Death* } *New Waltham Hotel* Date of Death } *June 13th* 190*9*
Residence " " " Age *61* years *3* months _____ days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Portland Me*

NAME OF FATHER *Appleton Hay*

BIRTHPLACE OF FATHER ‡ *Taunton Mass*

MAIDEN NAME OF MOTHER *Lophin Hay*

BIRTHPLACE OF MOTHER ‡ *Portland Me*

OCCUPATION *Carpenter*

INFORMANT § *Mrs Horace Hay Wife*

PLACE OF BURIAL OR REMOVAL || *Portland June 13*

DATE OF BURIAL *June 16* 190*9*

UNDERTAKER *C. R. Brown*

ADDRESS *Waltham*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1907* 190 to *June 13* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cardiac Insufficiency*
(DURATION) *3* days

Contributory: _____

(Signed) *B. H. Keefe* M.D.
June 15 190*9* (Address) *Worship St. Waltham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190*9* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

64

Henry Appleton Hay,

June 13, 1909

RETURN OF A DEATH

FULL NAME

Marguerite D. Noble.

Registered No.

Place of Death *

18 Plummer Ave. Winthrop Mass.

Date of Death

June 15, 1909.

Age

16

years

7

months

5

days

STATISTICAL DETAILS

SEX

female

COLOR

white

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Boston Mass.

NAME OF
FATHER

Lewis E. Noble.

BIRTHPLACE
OF FATHER ‡

Albion Michigan

MAIDEN NAME
OF MOTHER

Fannie H. Davis.

BIRTHPLACE
OF MOTHER ‡

Roxbury Mass.

OCCUPATION

INFORMANT §

Lewis E. Noble

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cem.

DATE OF BURIAL

June 18, 1909

UNDERTAKER

J. S. Hake and Sons.

ADDRESS

Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Intermittent Nephritis*Contributory: *3 mos.* (DURATION) DAYSContributory: *Dropsy* (DURATION) DAYS(Signed) *St. J. Poree* M.D.June 16, 1909 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

65

Marguerite Noble
June 15, 1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Charles W. Shurtliff Registered No.Place of Death * 21 Hawthorne Ave. WinthropDate of Death June 17, 1909 Age 25 years 4 months 13 days

STATISTICAL DETAILS

SEX male COLOR white SINGLE, ~~MARRIED,~~
~~WIDOWED,~~ OR
~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Medford Mass.

NAME OF FATHER

Charles L. Shurtliff

BIRTHPLACE OF FATHER ‡

Compton Can.

MAIDEN NAME OF MOTHER

Sarah A. Durgin

BIRTHPLACE OF MOTHER ‡

Freedom N. H.

OCCUPATION

Salesman

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 13 1909 to June 17 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Double pleuro-pneumonia
and Paratyphoid(DURATION) 4 DAYS

Contributory:

(DURATION) DAYS

(Signed) O. E. Johnson M.D.June 19 1909 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190.....

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Mass. CrematoryJune 20 1909

UNDERTAKER

ADDRESS

J. S. Waterman & SonsBoston

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

66
Charles W. Shurtleff
June 17, 1909

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *June 20* 190*9*.Name in full, *William H. Dangler* (*Dangler*),

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *45* Years, *7* Months, *7* Days. Occupation, *Ordinance Sergeant*Residence, * *St. Banks Mass.* Ward,Place of Death, *St. Banks Mass. Military Hospital June 20 1909*
(State year, month and day.)Place of Birth, *Goshen Indiana* Date of Birth,Name and Birthplace } *Unknown*
of Father, }Maiden Name and } *Unknown*
Birthplace of Mother, }Place of Interment, *Goshen Indiana*

* If an institution, state how long an inmate and previous residence.

Sumner Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston*, *June 20* 190*9*.
Name and Age } *William H. Dangler* Age, *45* years.
of Deceased, }I hereby certify that I attended deceased from *June 7* 190*9*, to *June 20*
190*9*, that I last saw *him* alive on the *20*th day of *June* 190*9*,
that *he* died on the *20*th day of *June* 190*9*, about *6⁰⁰* o'clock
~~A.M.~~ or P.M., and that, to the best of my knowledge and belief, the cause of *his* death
was as follows:Disease { Chief cause, *Chronic Interstitial Nephritis, complicated by*
Contributing cause, *Mitral Stenosis and Insufficiency.*Duration { Chief Cause, *Not known.*
Contributing cause, *Not known.**Link B. Beck, M.D. U. S. Army* M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, state exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

Written by Dr. Douglas
 June 20, 1909

RETURN OF A DEATH

Wentworth
(CITY OR TOWN.)

FULL NAME *Darclay Yerra* Registered No. _____
 Place of Death* *64 Shore Drive Wentworth Mass* Date of Death *June 23* 190*9*
 Residence *66 Sycamore St Lowell* Age *62* years *9* months _____ days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Fredrickton N.B.*

NAME OF FATHER *Samuel*

BIRTHPLACE OF FATHER ‡ *Keswick N.B.*

MAIDEN NAME OF MOTHER *Ruth Cliff*

BIRTHPLACE OF MOTHER ‡ *Queensborough N.B.*

OCCUPATION *Grocer*

INFORMANT § *Wife*

PLACE OF BURIAL OR REMOVAL || *Fredrickton N.B.* DATE OF BURIAL _____ 190*9*.....

UNDERTAKER *C. R. Bennett* ADDRESS *Wentworth*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 15* 190*9* to *June 23* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Hemorrhage*

6 mos. (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *H. J. Pore* M.D.

June 24 190*9* (Address) *Wentworth*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190*9* _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Alfred F. Baker

June 23, 1909

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME Martin Rees Registered No. _____
 Place of Death } Shirley St. Wintthrop Date of Death } June 25 1909
 Residence 37 Fry St., Somerville Age 28 years _____ months _____ days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Sweden

NAME OF FATHER

Longrane Rees

BIRTHPLACE OF FATHER ‡

Sweden

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡

Unknown

OCCUPATION

Waiter

INFORMANT §

Wife

PLACE OF BURIAL OR REMOVAL ||

Woodlawn Cemetery

DATE OF BURIAL

June 27 1909

UNDERTAKER

C.R. Beaman

ADDRESS

Wintthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 1909 to _____ 1909,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Electrical Shock, accidental

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) Long Bunker Wright M.D.1909 (Address) Med. Exam. Suffolk Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

_____ 1909

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

~~1460~~ 70

Martin Reiss

June 25, 1909

RETURN OF DEATH.

BOSTON, MASS.

Permit No.

Date of Death, June 26, 1909. 19 ..Name in full, Ann Eulalie Burk ..
Calbeck William R.
 (If married or divorced woman give maiden name, also name of husband.)

 Sex, Female Color, White Condition, Widow
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
Age, 88 Years, 9 Months, 11 Days. Occupation, ..Residence, * East Boston, Mass: Ward, One ..Place of Death, 369 Winthrop Street, Winthrop, Mass:
 (State year, month and day.)Place of Birth, Magdalene Islands. Date of Birth, Sept. 15, 1820 ..Name and Birthplace of Father, } Philip F. Calbeck-----Unknown P. E. I. ..Maiden Name and Birthplace of Mother, } Mary ANN Burk -----Unknown P. E. I. ..Place of Interment, Woodlawn Cemetery, Everett. ..

* If an institution, state how long an inmate and previous residence.

E. J. Brown.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

 Name and Age of Deceased, } Ann Eulalie Burk Age, 88 years.
~~Boston,~~ June 29th 1909.

 I hereby certify that I attended deceased from 1907 19 .. to June 26th 09
 1909, that I last saw her alive on the 26th 26 day of June 1909,
 that she died on the 26 day of June 1909, about 11 o'clock
A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:
 Disease { Chief cause, Uremia Nephritis
 Contributing cause, old age

 Duration { Chief Cause, one year
 Contributing cause, ..
B. J. Melcalf

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was it exactly in this form? Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME Emma L. Herrick Registered No. _____
 Place of Death* } 4 Shoreline Winthrop Date of Death } July 4 1909
 Residence 4 Shoreline Winthrop Age 49 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u>
MAIDEN NAME † <u>Emma L. Loring</u>		
HUSBAND'S NAME † <u>Maurice</u>		
BIRTHPLACE ‡ <u>Boston</u>		
NAME OF FATHER <u>Benjamin</u>		
BIRTHPLACE OF FATHER ‡ <u>Boston</u>		
MAIDEN NAME OF MOTHER <u>Margaret Hughes</u>		
BIRTHPLACE OF MOTHER ‡ <u>Boston</u>		
OCCUPATION <u>None</u>		
INFORMANT § <u>William Herrick</u>		

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL

St. Marys Winthrop

July 6 1909

UNDERTAKER

ADDRESS

J. J. Lane

120 Hane St. E. B.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1 1909 to July 4 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Breast
1 year (DURATION) _____ DAYS

Contributory: _____
 (DURATION) _____ DAYS

(Signed) W. J. Porter M.D.
July 4 1909 (Address) Winthrop, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 1909 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

¹⁰
Emma L. Driscoll

July 4-09

Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death,

July 7th 1909

Name in full,

Abbie Ira McLeod

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

Single

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 24 Years, 9 Months, ~ Days. Occupation, ~

Residence, * De Boie Maine

Ward, ~

Place of Death, 87 Fann Bar Avenue - Winthrop Mass

(State year month and day.)

Place of Birth, New Brunswick Date of Birth, ~

Name and Birthplace
of Father,

John Sprin McLeod - New Brunswick

Maiden Name and
Birthplace of Mother,

Abbie Fowler - Springfield New Brunswick

Place of Interment,

Newburyport, Mass

* If an institution, state how long an inmate and previous residence.

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age
of Deceased,

Winthrop Boston, July

1909

Abbie Ira McLeod Age, 24 years. - 9 mos

I hereby certify that I attended deceased from June 10 1909, to July 7 1909.

19, that I last saw her alive on the 7th day of July 1909,that she died on the 7th day of July 1909, about 7 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease

Chief cause,

Pulmonary Tuberculosis -

Contributing cause,

Duration

Chief Cause,

Uncertain

Contributing cause,

H. J. Porter

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *William F. Richardson* Registered No. _____
 Place of Death *# 64 Prospect Ave* Date of Death *July 11th* 190*8*
 Residence *"* Age *27* years *X* months *7* days

STATISTICAL DETAILS

SEX <i>M</i>	COLOR <i>M.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Franklin Mass</i>		
NAME OF FATHER <i>Fremont M. Richardson</i>		
BIRTHPLACE OF FATHER ‡ <i>Hartwell Me</i>		
MAIDEN NAME OF MOTHER <i>H. Ella Eaton</i>		
BIRTHPLACE OF MOTHER ‡ <i>Hopkinton Mass</i>		
OCCUPATION <i>clerk</i>		
INFORMANT § <i>Alfred Harrison</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 11th* 190*8* to *July 11th* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Hemorrhage*

(DURATION) *1* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *M. Porter* M.D.

July 11, 1908 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190*8* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <i>Franklin Mass</i>	DATE OF BURIAL <i>July 14</i> 190 <i>8</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Winthrop</i>

74

William F. Richardson

July 11-09

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death,

July 11th 1909

Name in full,

Helen W. Poor = Crocker

Benjamin B. Poor

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

Divorced

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 33 Years, 10 Months, 1 Days.

Occupation, Hotel Proprietress

Residence,*

Winthrop Mass

Ward,

Place of Death,

117 Winthrop Shore Drive

(State year, month and day.)

Place of Birth,

East Boston

Date of Birth,

Name and Birthplace
of Father,

Charles W. Crocker - Newford Conn

Maiden Name and
Birthplace of Mother,

Eliza M. White - Nova Scotia

Place of Interment,

Wynning Cemetery Melrose

* If an institution, state how long an inmate and previous residence.

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age
of Deceased,

Winthrop Boston

July 13.

1909.

Age, 33 years.

I hereby certify that I attended deceased from July 8. 1909, to July 11.

19, that I last saw her alive on the 11th day of July 1909,that she died on the 11th day of July 1909, about 6 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease

Chief cause, Uraemia

Contributing cause, Acute Mania

Duration

Chief Cause, Indefinite

Contributing cause, 3 days.

H. J. Porter

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septícemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, state exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease causing injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A combination of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Wintthrop
(CITY OR TOWN.)

FULL NAME *Brennan Stett Born* Registered No. _____
Place of Death * *29 Coral Ave Wintthrop* Date of Death *July 13* 190*9*
Residence *7 Muddock Park Brighton Mass* Age *Still Born* years _____ months _____ days _____

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>X</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>29 Coral Ave Wintthrop</i>		
NAME OF FATHER <i>Michael Brennan</i>		
BIRTHPLACE OF FATHER ‡ <i>Frammingham Mass</i>		
MAIDEN NAME OF MOTHER <i>Alice Gamis</i>		
BIRTHPLACE OF MOTHER ‡ <i>Frammingham Mass</i>		
OCCUPATION <i>Civil Engineer</i>		
INFORMANT § <i>Michael Alice G. Brennan</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 13* 190*9* to *July 13* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: *still born*

(DURATION) _____ DAYS
Contributory: _____

(DURATION) _____ DAYS
(Signed) *B. M. Nuttall* M.D.
July 16 190*9* (Address) *124 North St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
How long at Place of Death? _____ years _____ months _____ days
Where was disease contracted, If not at place of death? _____

Filed _____ 190*9* _____ Clerk

PLACE OF BURIAL OR REMOVAL <i>July 18th 1909 Wintthrop Cemetery</i>	DATE OF BURIAL <i>July 18th 1909</i>
UNDERTAKER <i>C. R. Benson</i>	ADDRESS <i>Wintthrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

76

Brennan

July 13-09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN)

FULL NAME Howard J. Thomson Registered No. _____
Place of Death* } 41 Emerson Road Date of Death } July 13 1909
Residence Winsted Age 22 years 8 months 27 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANTS

PLACE OF BURIAL OR REMOVAL †

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 13 1909 to July 13 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Infant Regurgitation

Contributory: _____

(SIGNED) Dr. Mel Coff M.D.Date: July 13 1909 (Address) 174 Winsted St Winsted

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

77

Howard J. Thompson

July, 3-09

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *July 14* 19*09*Name in full, *Frank Edward Bill*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *53* Years, *—* Months, *—* Days. Occupation, *Actor*Residence, * *Boston Mass* Ward, *—*Place of Death, *95. Shiley Street* (State year, month and day.)Place of Birth, *Hartford Conn* Date of Birth, *—*Name and Birthplace of Father, *Edwin Bill = Scotland = Conn*Maiden Name and Birthplace of Mother, *Lydia Downing = Unkown*Place of Interment, *Winthrop Cemetery*

* If an institution, state how long an inmate and previous residence.

Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, July 1909*
Frank E. Bill Age, *53* years.I hereby certify that I attended deceased from *—* 19 *—*, to *—* 19 *—*,that I last saw *—* alive on the *—* day of *—* 19 *—*,that *he* died on the *14* day of *July* 19*09*, about *6* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Diphtheria*
Contributing cause, *Pulmonary Oedema*Duration { Chief Cause, *Indignia*
Contributing cause, *6 hrs.**H. J. Porter* M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

ALL NAMES TO BE IN FULL

Stetson

Worcester
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *Boy Williams* Registered No. _____
Place of Death * *66 Sunnyside ave* Date of Death *July 17* 190*9*
Residence *Worcester Mass* Age *Stetson* months _____ days _____

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
MAIDEN NAME † _____
HUSBAND'S NAME † _____
BIRTHPLACE ‡ *66 Sunnyside ave*
NAME OF FATHER *Chas. Williams*
BIRTHPLACE OF FATHER ‡ *St. George Agores*
MAIDEN NAME OF MOTHER *Mary J. Cornha*
BIRTHPLACE OF MOTHER ‡ *Boston*
OCCUPATION _____
INFORMANT § *Cha Williams*

PLACE OF BURIAL OR REMOVAL || *Worcester Cemetery* DATE OF BURIAL *7/19* 190*9*
UNDERTAKER *C.R. Benson* ADDRESS *Worcester*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 17* 190*9* to *July 17* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Still Born*
Incidental to Birth

(DURATION) _____ DAYS
Contributory: _____

(Signed) *B. B. Williams* M.D.
July 19 190*9* (Address) *Bush St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? _____ years _____ months _____ days

Where was disease contracted, if not at place of death ? _____

Filed _____ 190*9* _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Hallam

July 17-09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Leominster

(CITY OR TOWN.)

FULL NAME Henry Francis Cahill Registered No. _____Place of Death* } Leominster, Mass. Date of Death } July 17, 1909 190Residence #9 Seafoam Ave., Winthrop, Mass. Age 26 years. - months. - days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>South Boston, Mass.</u>		
NAME OF FATHER <u>Henry Thomas Francis Cahill</u>		
BIRTHPLACE OF FATHER ‡ <u>Blackburn, England</u>		
MAIDEN NAME OF MOTHER <u>Sarah Foley</u>		
BIRTHPLACE OF MOTHER ‡ <u>Norfolk, Virginia</u>		
OCCUPATION <u>Breakman</u>		
INFORMANT § <u>Catherine Alice Cahill,</u> <u>#9 Seafoam Ave., Winthrop, Mass.</u>		
PLACE OF BURIAL OR REMOVAL ‖ <u>Winthrop Beach, Mass.</u>	DATE OF BURIAL <u>July 18, 1909</u>	
UNDERTAKER <u>Chas. H. Richardson Co.</u>	ADDRESS <u>Leominster</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 17, 1909 to 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: Probable fracture of skull
in railroad accident

(DURATION)..... DAYS

Contributory: _____

(DURATION)..... DAYS

(Signed) A. H. Pierce, Ass't Med. Exam. M.D.
July 17, 1909 (Address) Leominster, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, If not at place of death?

Filed July 17, 1909 J. S. Gibson
Asst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Henry Francis Cahill
July 17-'09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

City
Winthrop
~~Cambridge~~

FULL NAME *Anthony McDonald* Registered No. _____
 *Place of Death *Winthrop Mass* ~~Cambridge~~ { Date of Death *July 19* 190*9*
 Name of Hospital or Institution, if any No. Street _____
 Place of Residence *435 Winthrop St* Age *2* Years _____ Months _____ Days _____
 No. Street City or Town _____

STATISTICAL DETAILS

Sex *Male* Color *White* Single, ~~Married~~, Widowed or Divorced _____
 Maiden Name _____ If a married or divorced woman or widow _____
 Husband's Full Name _____
 Birthplace *Winthrop, Mass* City or Town and State or Country _____
 Full Name of Father *David J.* _____
 Birthplace of Father *Cape Boston, N. S.* City or Town and State or Country _____
 Maiden Name of Mother *Margaret M. Leau* _____
 Birthplace of Mother *Boston N. S.* City or Town and State or Country _____
 Occupation _____

Informant's Name (Person giving statistical details) *Mother* No. *435* Street *Winthrop St* City or Town _____

Place of Burial or Removal *Malden, Mass* Cemetery *St. Charles*

Undertaker's Name *Frank J. Maloney* Address *435 Winthrop St*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 16* 190*9* to *July 19* 190*9*; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: *Gastro enteritis*
4 days (Duration)

Contributory: _____ (Duration) _____

(Signed) *B. Mulcahy* M. D.

(Address) *174 Wetherill St Winthrop Mass*

*How long at Place of Death? _____ Years _____ Months _____ Days _____

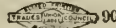
Usual Residence _____

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Received at office of Board of Health _____ No. of Burial *190* Permitt _____

Form 1

Clerk of Board of Health



FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

Anthony McDonald

July 19-09

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 a. m. till 1 p. m.; Sundays and Holidays, 12 m. till 1 p. m.; Other Days from 8 a. m. till 4 p. m.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, July 19, 1909. 19Name in full, Carolia M. HarriottMartynJohn

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 62 Years, 9 Months, 6 Days. Occupation,Residence, * 288 Court Road, Winthrop. Ward,Place of Death, 288 Court Road, Winthrop.
(State year, month and day.)Place of Birth, England Date of Birth, Oct. 13, 1846Name and Birthplace } William H. Martyn-----England
of Father, }Maiden Name and } Mary A. Wymond-----England
Birthplace of Mother, }Place of Interment, Forest Hills Cemetery.

* If an institution, state how long an inmate and previous residence.

E. J. Brown,

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.*Winthrop*
~~Boston~~, July 20 1909
Name and Age } Carolia M. Harriott Age, 62 years.
of Deceased, }I hereby certify that I attended deceased from Sept. 1908, to July 17
1909, that I last saw her alive on the 17 day of July 1909
that she died on the 19 day of July 1909, about 1:30 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death
was as follows:Disease { Chief cause, Cancer of Intestine.
Contributing cause,Duration { Chief Cause, Unknown.
Contributing cause,Frank H. Lillan, M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless as a compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was it exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

Sharon
(CITY OR TOWN.)

FULL NAME *Sarah A. Corcoran* Registered No. *15*
 Place of Death* *Pine Crest Sharon Mass* Date of Death *July 22* 190*9*
 Residence *63 Hutchinson St. Mithrop* Age *45* years months days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Sarah A. Fleming</i>		
HUSBAND'S NAME † <i>Daniel Corcoran</i>		
BIRTHPLACE ‡ <i>Ireland</i>		
NAME OF FATHER <i>James Fleming</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Ellen Beckford</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Husband</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 17* 190*9*, to *July 22* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pulmonary Tuberculosis*

(DURATION) *1 yr* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *Walter D. Griffin* M.D.
7/23 190*9* (Address) *Sharon*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed *July 29* 190*9* *George W. Whittemore*
Copy Attest. Town Clerk

PLACE OF BURIAL OR REMOVAL <i>St Joseph's Cem West Roxbury Mass</i>	DATE OF BURIAL <i>July 24</i> 190 <i>9</i>
UNDERTAKER <i>Frank S. Maloney</i>	ADDRESS <i>123 Maverick St East Boston</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Registrar.

Sarah A. Conner
July 22-'09

CITY OF
BOSTON.

RETURN OF A DEATH—1909.

FULL NAME Elah Archer Registered No. 6596Place of Death } Boston H.E. Deaconess Hospt.
and Residence }Date of Death Jul. 24 1909, Age 56 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F

W

M

Maiden Name CollinsHusband's Name Charles ArcherBirthplace Westport, N.S.Name of Father CollinsBirthplace of Father -----Maiden Name of Mother Hannah HarrisBirthplace of Mother Yarmouth, N.S.Occupation HousewifeInformant -----Place of Burial or removal WinthropUndertaker Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary:
(Duration)Intestinal obstruction -4 daysContributory:
(Duration)Laparotomy - 20 hrs(Signed) D F Jones

M.D.

Jul. 25

1909.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence WinthropFiled Jul 26 1909.A true copy.
Attest:E. W. M. Glenen

Registrar.

Lelah Archer -

July 24-'09

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Date of Death, *July 24* 19*09*Name in full, *Mary Henry*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *86* Years, *4* Months, *12* Days. Occupation, *~ ~ ~*Residence, * *Winthrop Mass* Ward, *~ ~ ~*Place of Death, *144 Long Road (Caul Park)*
(State year, month and day.)Place of Birth, *London England* Date of Birth, *~ ~ ~*Name and Birthplace of Father, *John Henry - Loughborough England*Maiden Name and Birthplace of Mother, *Mary Ray - Unknown*Place of Interment, *Woodlawn Cemetery New York*

* If an institution, state how long an inmate and previous residence.

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Winthrop Boston, July 1909*
Mary Henry Age, *86* years.I hereby certify that I attended deceased from *July 22nd* 1909, to *July 24th* 1909, that I last saw *her* alive on the *24th* day of *July* 1909, that *she* died on the *24th* day of *July* 1909, about *7* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Apoplexy*
Contributing cause, *Age*Duration { Chief Cause, *~ ~ ~*
Contributing cause, *~ ~ ~**A. B. Dorman* M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was it exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malaria, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

82
May 17 1899
July 24 - 09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Elizabeth Lowere Registered No. _____
 Place of Death* # 69 Locust Street Date of Death July 28 1909
 Residence " " " Age 31 years 4 months 7 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡

Brooklyn N. Y.

NAME OF FATHER

Curtis Bolton Lowere

BIRTHPLACE OF FATHER ‡

New York City

MAIDEN NAME OF MOTHER

Elizabeth Wright

BIRTHPLACE OF MOTHER ‡

Flushing Bay Island

OCCUPATION _____

INFORMANT §

Sister Mrs. R. E. McConnell

PLACE OF BURIAL OR REMOVAL ||

Greenwood Brooklyn N. Y.

DATE OF BURIAL

7/30 1909

UNDERTAKER

C. R. Benson

ADDRESS

Wentworth

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1 1909 to July 28 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Valvula
Heart Disease
Several years (DURATION) _____ DAYS

Contributory: Cerebral apoplexy
 (DURATION) 14 DAYS

(Signed) O. E. Johnson M.D.
July 28 1909 (Address) Wentworth Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Elizabeth Lorraine
July 28-'09

Winthrop Mass
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *Flora Caldwell Wilson* Registered No. _____
 Place of Death* *43 Taft Ave* Date of Death *July 31* 190 *9*
 Residence *Winthrop Mass* Age *52* years *6* months *9* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*
 MAIDEN NAME † *Flora Caldwell*
 HUSBAND'S NAME † *Wilson*
 BIRTHPLACE ‡ *Glasgow Scotland*
 NAME OF FATHER *John Caldwell*
 BIRTHPLACE OF FATHER ‡ *Ireland*
 MAIDEN NAME OF MOTHER *Kathleen M. Fudge*
 BIRTHPLACE OF MOTHER ‡ *Scotland*
 OCCUPATION _____
 INFORMANT § *Sam James Wilson*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 1* 190 *9* to *July 31* 190 *9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cerebral Apoplexy*

4 months (DURATION) DAYS
 Contributory: *Chronic Valvula*

Heart Disease (DURATION) Years DAYS

(Signed) *J. Johnson* M.D.
Aug 2 190 *9* (Address) *Aug Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted,
 If not at place of death? _____

Filed

_____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Winthrop Cemetery* DATE OF BURIAL *Aug 2nd* 190 *9*
 UNDERTAKER *C. R. Benson* ADDRESS *Winthrop*

8.2
Flora Baldwin Wilson
July 31. 09

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME James G. Crichton Registered No. _____
 Place of Death* Metcalfe Hospital Date of Death Aug 12 1909
 Residence 105 Hammond St. Age 62 years 6 months _____ days
Cambridge Mass

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Halifax N.S.</u>		
NAME OF FATHER <u>Geo. A. S. Crichton</u>		
BIRTHPLACE OF FATHER ‡ <u>Halifax N.S.</u>		
MAIDEN NAME OF MOTHER <u>Francis Sarah Roche</u>		
BIRTHPLACE OF MOTHER ‡ <u>Dorothy N. St.</u>		
OCCUPATION <u>Bookkeeper</u>		
INFORMANT § <u>Philip S. Crichton</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 1 1909 to Aug 12 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Strangulated Inguinal Hernia

(DURATION) 10 DAYS
 Contributory: operative
 (Signed) B. Metcalfe M.D.
Aug 12 1909 (Address) 124 Hospital St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 6 days years _____ months _____ days
 Where was disease contracted, If not at place of death? Simplex Hospital

Filed _____ 1909 Clerk _____

PLACE OF BURIAL OR REMOVAL ‖ <u>Cambridge County</u>	DATE OF BURIAL <u>Aug 15th</u> 190 <u>9</u>
UNDERTAKER <u>C. R. Benson</u>	ADDRESS <u>Winthrop</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

86 85

James A. Krichers

Aug 12-1959

RETURN OF A DEATH—1909.

BOSTON.

FULL NAME John Jacobs Registered No. 7014Place of Death } Boston Mass. Gen. Hosp
and Residence }Date of Death Aug 13 1909. Age 48 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name

Husband's Name

Birthplace Tarrytown N YName of Father Michael JacobsBirthplace of Father GermanyMaiden Name of Mother ---- ZellaBirthplace of Mother GermanyOccupation Tailor

Informant

Place of Burial or removal New York N.Y.Undertaker Jos L Burke

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Malignant Lymphoma of
(Duration) } Intestine10 mos.Contributory: }
(Duration)(Signed) Carleton R. Metcalf M.D.Aug 14 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to Hosp. Aug. 5, 1909Usual Residence "Winthrop" 76 Sunnyside Av.Filed Aug 17 1909A true copy.
Attest:E. W. M. Glenen

Registrar.

Solene Jacobs.

Aug 12 - 1909 -

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Baby Shaw Registered No. _____
 Place of Death* } 15 Pleasant Park Road Date of Death } Aug 25 1909
 Residence 15 Pleasant Park Road Age 7 years 7 months 7 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED ---

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Winthrop Mass.

NAME OF FATHER

Hugh J.

BIRTHPLACE OF FATHER ‡

Lafayette Cal.

MAIDEN NAME OF MOTHER

Mary E. Arnold

BIRTHPLACE OF MOTHER ‡

Everett Mass.

OCCUPATION

INFORMANT §

Hugh J. Shaw

PLACE OF BURIAL OR REMOVAL ||

St Michaels Cem.

UNDERTAKER

Thos J Lane

DATE OF BURIAL

Aug 25 1909

ADDRESS

170 Hawthorn St
E Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from on Aug 25 1909 to --- 190---, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Lived 20 minutes after birth.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Edward J. Franger M.D.

Aug 25 1909 (Address) 317 W. 1st St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? --- years --- months --- days

Where was disease contracted, If not at place of death? ---

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

86

Baby Shaw

Aug 25-1909

COMMONWEALTH OF MASSACHUSETTS

PERMIT NO.

City of ~~QUINCY~~
Town of Wintthrop

RETURN OF A DEATH

FULL NAME *Elizabeth Gertrude Russeel* Registered No.
 Place of } *Wintthrop Mass.* Date of } *Aug. 15,* 190 *9*
 Death * } *Aug. 15,* 190 *9*
 Residence *138 Bowdoin St.* Age *—* years *11* months *12* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † <i>—</i>		
HUSBAND'S NAME † <i>—</i>		
BIRTHPLACE † <i>Wintthrop</i>		
NAME OF FATHER <i>George H. Russeel</i>		
BIRTHPLACE OF FATHER † <i>Boston Mass.</i>		
MAIDEN NAME OF MOTHER <i>Betha T. Burke</i>		
BIRTHPLACE OF MOTHER † <i>Cambridge Mass.</i>		
OCCUPATION <i>—</i>	DATE OF BURIAL <i>Aug. 17, 1909</i>	

PLACE OF BURIAL OR REMOVAL ||

St. Paul's Cmn. Arlington

INFORMANT †

Father. George H. Russeel

UNDERTAKER

REG. NO.

ADDRESS

Chas. V. Russeel 1107 219 Bowdoin St.
Worcester Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness
 from *Aug. 11,* 190 *9* to *Aug. 15,* 190 *9*
 that *she* died on date stated above, about *4* o'clock *am* M.

and that, to the best of my knowledge and belief, the cause of
 death was as follows:

Chief Cause: *Gasbro intestitis*(DURATION) *7* DAYS

Contributing Cause:

(DURATION) DAYS

(Signed) *B. H. Melcutt* M. D.*Aug. 16,* 190 *9* (Address) *174 Wintthrop St. Wintthrop*SPECIAL INFORMATION only for Hospitals, Institutions, Transients
or Recent Residents.How long at
Place of Death? years months daysWhere was disease contracted,
if not at place of death?

Filed

-190

Clerk

* City or town, street and number, if any. If death occurs away from
 USUAL RESIDENCE, give facts called for under "Special information."

If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or country, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

87

Elizabeth Gertrude Russell

Aug 15-1909

The Office of the Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A. M. to 12 M., Sundays and Holidays, at the home of the Secretary. Other days from 8 A. M. to 11.30 A. M. and 1 P. M to 5 P. M.

RETURN OF DEATH.

BOSTON, MASS.

Permit

Date of Death, August 29 1909.

Name in full, Eliza Jane Wymann - (Woyes)
Dermie B. Wymann
 (If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 82 Years, 8 Months, 9 Days. Occupation, Housewife

Residence, * Winthrop Mass Ward,

Place of Death, Point Shirley (State year, month and day.)

Place of Birth, Newburyport Date of Birth,

Name and Birthplace of Father, Joseph Woyes - West Newbury - Mass

Maiden Name and Birthplace of Mother, Elizabeth Woyes - Newbury Port - Mass

Place of Interment, Winthrop Cemetery

* If an institution, state how long an inmate and previous residence. Summer Lloyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, August 29 1909

Name and Age of Deceased, Eliza Jane Wymann Age, 82 years.

I hereby certify that I attended deceased from Aug 24 1909, to Aug 30 1909, that I last saw her alive on the 29 day of Aug 1909, that she died on the 29 day of Aug 1909, about 12 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Bronchitis
 Contributing cause, Senility

Duration { Chief Cause, one week
 Contributing cause,

H. J. Porter M. D.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Alma A. Banta Registered No. _____
 Place of Death* } Dr. Metcalf's Hospital, Winthrop Date of Death } Aug. 31, 1909
 Residence 55 Shirley St. Winthrop, Mass. Age 30 years 1 months 3 days

STATISTICAL DETAILS

SEX <u>F</u>	COLOR <u>W.</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M.</u>
MAIDEN NAME † <u>Alma A. Claflin</u>		
HUSBAND'S NAME † <u>Harry D. Banta</u>		
BIRTHPLACE ‡ <u>Hopkinton</u>		
NAME OF FATHER <u>Clarence</u>		
BIRTHPLACE OF FATHER ‡ <u>Hopkinton</u>		
MAIDEN NAME OF MOTHER <u>Alma</u>		
BIRTHPLACE OF MOTHER ‡ <u>Hopkinton</u>		
OCCUPATION _____		
INFORMANT § <u>Mr. Harry D. Banta</u>		
PLACE OF BURIAL OR REMOVAL <u>Milford Mass.</u>	DATE OF BURIAL <u>Sep 3</u> 190 <u>9</u>	
UNDERTAKER <u>B. M. Cobb</u>	ADDRESS <u>Charleston</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 30 1909 to Aug 31 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: CerebralCalanemia(DURATION) 1 DAYSContributory: Heart heart

(DURATION) _____ DAYS

(Signed) H. J. Parry M.D.Sept. 1 1909 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 1909 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

90

Alma A. Santa

Aug 31-'09

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.

Wintthrop

Date of Death, *Sept 3* 190*9*.Name in full, *John Foggi*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *92* Years, *6* Months, *~* Days. Occupation, *Retired*Residence, * *Wintthrop Mass* ~~Hard~~,Place of Death, *573 Pleasant Street* (State year, month and day.)Place of Birth, *Liverpool Spain* Date of Birth, *~*Name and Birthplace of Father, *Augustine Foggi - Spain*Maiden Name and Birthplace of Mother, *Lana Newman - Spain*Place of Interment, *Temporary Defunct. Rec Temp Wintthrop
Summer Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Wintthrop Boston, Sept 1909.*
John Foggi Age, *92* years.I hereby certify that I attended deceased from *Sept 3rd 1909*, to *Sept 3rd 1909* that I last saw *him* alive on the *3rd* day of *Sept* 190*9* that *he* died on the *3rd* day of *Sept* 190*9*, about *1* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Intox regulatins*
Contributing cause, *old age*Duration { Chief Cause, *several years*
Contributing cause, *~**Wintthrop*

M. D.

John D. Ogden
Sept 3-09

RETURN OF DEATH.

~~BOSTON~~, MASS.Date of Death, Sept 4 1909.Name in full, Emma C. Flint(If married or divorced woman give maiden name, also name of husband.)
Lewis FlintSex, Female Color, White Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 66 Years, 2 Months, 29 Days. Occupation,Residence, * Concord Mass Ward,Place of Death, 207 Centre Street Wintthrop Mass
(State year, month and day.)Place of Birth, Concord Mass Date of Birth,Name and Birthplace of Father, Daniel Hunt - Concord MassMaiden Name and Birthplace of Mother, Clarissa Flint - Concord MassPlace of Interment, Burying Hollow Cemetery Concord Mass

* If an institution, state how long an inmate and previous residence.

Samuel Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, Wintthrop Boston, Sept 1909
Emma C. Flint Age, 66 years.I hereby certify that I attended deceased from Sept 2 1909, to Sept 4 1909, that I last saw her alive on the 4 day of Sept 1909 that she died on the 4 day of Sept 1909, about 10 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Cardiac Failure
Contributing cause, Arterio-sclerosis (General)Duration { Chief Cause, 3 days
Contributing cause, yearsSamuel Floyd

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A nature of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Mary P. Story Registered No. _____
 Place of Death* } 60 Bates Avenue Date of Death } Sept. 4, 1909
 Residence 4 4 4 Age 66 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † <u>Johnathan Leverett Story</u>		
BIRTHPLACE ‡ <u>Essex Mass</u>		
NAME OF FATHER <u>John Pomeroy</u>		
BIRTHPLACE OF FATHER ‡ <u>Danvers Mass</u>		
MAIDEN NAME OF MOTHER <u>Mary Parker Benson</u>		
BIRTHPLACE OF MOTHER ‡ <u>Essex</u>		
OCCUPATION _____		
INFORMANT § <u>Son</u>		
PLACE OF BURIAL OR REMOVAL <u>Cambridge Cemetery</u>	DATE OF BURIAL <u>Sept-7</u> 190 <u>9</u>	
UNDERTAKER <u>C R Benson</u>	ADDRESS <u>Winthrop</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral haemorrhage
(probable)
(Sudden death at her home) (DURATION) _____ DAYS

Contributory: _____

(SIGNED) _____ M.D.

Sept. 5 1909 (Address) Med. Exam. Suffolk

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190____ Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Mary P. Story

Sept 4-09

John W. Story

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *Sept 8* 190*9*.Name in full, *Hannah Fletcher Walker**Erham H. Walker*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *44* Years, *5* Months, *28* Days. Occupation, *Housewife*Residence, * *Winthrop Mass* Ward, *2*Place of Death, *82 Fremont Street*
(State year, month and day.)Place of Birth, *North Weymouth* Date of Birth, *Sept 18 1864*Name and Birthplace of Father, *Harren Alger - Weymouth*Maiden Name and Birthplace of Mother, *Temperance B. Whiting - Weymouth*Place of Interment, *North Weymouth Cemetery**Burrows & Flanagan*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Sept 8 1909*
Hannah Fletcher Walker Age, *44* years.I hereby certify that I attended deceased from *Sept 8* 190*9*, to *Sept 18* 190*9*
that I last saw *her* alive on the *8th* day of *Sept* 190*9*,
that *she* died on the *8th* day of *Sept* 190*9*, about *5:40* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Thrombi. paralyzing the heart.*
Contributing cause,Duration { Chief Cause, *40 minutes*
Contributing cause,*Residential*

M. D.

Harvard Medical School

Sept 8-09

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Sept 14 1909.Name in full, Mary L Banta 2d

(If married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W Condition, S
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, Years, Months, 15 Days. Occupation, father BuilderResidence, * 556 Shirley St Ward,Place of Death, Metcalf Hospital (State year, month and day.)Place of Birth, Wentworth Date of Birth, Aug 30 1909Name and Birthplace of Father, Mary L Banta BostonMaiden Name and Birthplace of Mother, Ellena A Copley HopkintonPlace of Interment, Malden

* If an institution, state how long an inmate and previous residence.

C. V. Metcalf

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, Sept 14 1909.
Name and Age of Deceased, Mary Banta 2d Age, 15 days years.I hereby certify that I attended deceased from Aug 31 1909, to Sept 14 '09,
1909, that I last saw him alive on the 15 day of Sept 1909,
that he died on the 15 day of Sept 1909, about 11 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, Premature
Contributing cause, MalnutritionDuration { Chief Cause, 15 days
Contributing cause,B. Metcalf

M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was it exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Sept 15* 190*9*.Name in full, *Izora Fales McManis*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Divorced*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *51* Years, *2* Months, *19* Days. Occupation, *Housewife*Residence, * *Winthrop Mass* Ward,Place of Death, *50 Summit Avenue*

(State year, month and day.)

Place of Birth, *Dorva* Date of Birth, *June 27* 18*58*Name and Birthplace of Father, *Edward Fales =*

Maiden Name and Birthplace of Mother,

Place of Interment, *Winthrop Cemetery**Wm B Skaggs*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age of Deceased, *Winthrop Boston, September 1909*
Izora Fales McManis Age, *57* years.I hereby certify that I attended deceased from *Sept 13* 190*9*, to *Sept 15* 190*9*, that I last saw *her* alive on the *15* day of *Sept* 190*9*, that *he* died on the *15* day of *Sept* 190*9*, about *4* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *Diabetes (Coma)*
Contributing cause,Duration { Chief Cause, *2 day ?*
Contributing cause,*Wm B Skaggs*

M. D.

Yona Talo MacKauis

Sept 15-09

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Worcester
(CITY OR TOWN.)

FULL NAME *Emma Beal Francis Sharpe* Registered No. _____
 Place of Death* } *18 Temple ave* Date of } *9/15* 190 *9*
 Residence *Worcester Mass* Age *63* years *7* months *28* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME† *Emma Beal Francis*

HUSBAND'S NAME †

BIRTHPLACE‡ *Latvia West Indies*

NAME OF FATHER *Benjamin J. Francis*

BIRTHPLACE OF FATHER‡ *England*

MAIDEN NAME OF MOTHER *Mrs. Hutchinson*

BIRTHPLACE OF MOTHER‡ *England*

OCCUPATION *Seam*

INFORMANT§ *Son & daughter*
1 English Sharpe

PLACE OF BURIAL OR REMOVAL|| *Worcester Cemetery*

DATE OF BURIAL *9/24* 190 *9*

UNDERTAKER *C. R. Benson*

ADDRESS *Worcester*

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 6* 190 *9* to *Sept 15* 190 *9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Aphasia*

(DURATION) *9* DAYS
Contributory: *Emphysema - Gangrene*
(DURATION) *5* DAYS

(Signed) *Byron Hollings* M.D.
Sept 1909 (Address) *Worcester, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD ALL NAMES TO BE IN FULL

97

Emma Beat Francis Sharpe

Sept 15-09

RETURN OF A DEATH

FULL NAME *Mary B. Dunham* Registered No.Place of Death * *322 Revere St. Winthrop Mass.*Date of Death *Sept. 18th 1909.* Age *44* years *6* months *11* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED.MAIDEN NAME † *E. Murray*HUSBAND'S NAME † *Chas. M. Dunham*BIRTHPLACE ‡ *Easky, Ireland*NAME OF FATHER *Martin Murray*

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to *Sept 18* 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Carcinoma of Uterus*

..... (DURATION) DAYS

Contributory: *Emphysema*

..... (DURATION) DAYS

(Signed) *Bryan Hollings* M.D.*Sept 20* 190..... (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

*Winthrop Cms. 4-2-11 1909.**Wm C Shaggs**68 Hermon St*

98

Mary E. Durham

Sept 18-09

RETURN OF A DEATH

Winchester
(CITY OR TOWN.)

FULL NAME *Emery Loretta Maddocks* Registered No. _____
 Place of Death* *Metropolitan Hospital Winchester* Date of Death *Sept 19* 190 *9*
 Residence *28 Pauline St Winchester St* Age *27* years *5* months *23* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 16* 190 *9* to *Sept 19* 190 *9* that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Handy's acute ascending paralysis*
(DURATION) *7* DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) *B. D. Melcalf* M.D.

Sept 20 190 *9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? *3 days* years _____ months _____ days _____

Where was disease contracted, if not at place of death? *28 Pauline St.*

Filed

_____ 190 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

99

Emery Lovett Maddocks

Sept 19-09

RETURN OF A DEATH

FULL NAME *John Joseph Flanagan* Registered No. _____Place of Death * *354 Shirley St.*Date of Death *Sept. 21* Age _____ years *2* months *11* days

STATISTICAL DETAILS

SEX *M* COLOR *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept. 17* 190*7* to *Sept. 21* 190*7*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: †

Primary: *Malnutrition*(DURATION) *10* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *H. J. Portas* M.D.*Sept. 22* 190*7* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

*Holy Cross Cem. Malden**Sept. 23* 190*7**Wm. C. Skaggs**68 Hemmings*

100

John Joseph Flanagan

Sept 21-09

RETURN OF A DEATH

Wenchof
(CITY OR TOWN.)

FULL NAME *Wahlburghe, Helen Lindberg* Registered No. _____
 Place of Death* } *27 Lurein St Point Shirley* Date of Death } *Sept 22* 190*9*
 Residence *Wenchof Mass* Age *—* years *5* months *8* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX *female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Wenchof Mass*NAME OF FATHER *John E.*BIRTHPLACE OF FATHER ‡ *Sweden*MAIDEN NAME OF MOTHER *Helen Schranef*BIRTHPLACE OF MOTHER ‡ *Cleveland Ohio*

OCCUPATION _____

INFORMANTS *John E.*PLACE OF BURIAL OR REMOVAL ‖ *Wenchof Cemetery*DATE OF BURIAL *9/24* 190*9*UNDERTAKER *C R Benson*ADDRESS *Wenchof*

I HEREBY CERTIFY that I attended deceased during last illness, from *July 20* 190*9* to *Sept 22* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Asymptomatic Bronchitis*

3 days (DURATION) _____ DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) _____ M.D.

Sept. 24 190*9* (Address) *H. J. Porter*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190*9* Clerk: _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

101

Hahlburgers Helen Luskey
Sept 22 '09

RETURN OF A DEATH

Worcester
(CITY OR TOWN)

FULL NAME *Helen Irene McGregor* Registered No. _____
 Place of Death* } *5 Paulini St.* Date of Death } *Sept 23* 190*9*
 Residence *5 " Worcester* Age *X* years *9* months *21* days

STATISTICAL DETAILS

SEX *F.* COLOR *N* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ *Lynn Mass*
 NAME OF FATHER *Fred. E. McGregor*
 BIRTHPLACE OF FATHER ‡ *Annapolis N.S.*
 MAIDEN NAME OF MOTHER *Helen Elizabeth Gibbons*
 BIRTHPLACE OF MOTHER ‡ *Hornellsville N.Y.*
 OCCUPATION _____
 INFORMANT § *Fred. E. McGregor*

PLACE OF BURIAL OR REMOVAL ‖ *Sept 24 Worcester Cemetery - 9*
 DATE OF BURIAL _____ 190*9*
 UNDERTAKER *C. W. Bennett* ADDRESS *Worcester*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *22 Sept* 190*9* to *Sept 23* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Cholera Infantum*

(DURATION) *3* DAYS
 Contributory: _____

(Signed) *H. M. [Signature]* M.D.
Sept 23 190*9* (Address) *24 [Signature] St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____ 190*9* Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL
 FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

102

Helen Irene Mt. Gregor

Sept 23-'09

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, September 25 1909.
 Name in full, Elizabeth L. Kelly

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Single
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 2 Years, 1 Months, 11 Days. Occupation,

Residence, 19 Beach Road Winthrop Ward,

Place of Death, 19 Beach Road (State year, month and day.)

Place of Birth, Winthrop, Mass. Date of Birth, July 14 1889

Name and Birthplace of Father, John J. Kelly Boston Mass

Maiden Name and Birthplace of Mother, Louis C. Dyer Boston Mass

Place of Interment, Calvary Boston Mass

* If an institution, state how long an inmate and previous residence.

David C. Curtis!
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, Elizabeth L. Kelly Winthrop Boston Sept 25 1909.
 Age, 2 m and 11 days

I hereby certify that I attended deceased from Sept 24 1909, to Sept 25 1909, that I last saw her alive on the 25 day of Sept 1909, that she died on the 25 day of Sept 1909, about 2:30 o'clock

A.M. or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Cholera Infantum
 Contributing cause, Intussusception

Duration { Chief Cause, about 4 days
 Contributing cause, 1 day

D. Johnson M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A combination of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

FULL NAME *William Farnam* Registered No.Place of Death * *354 Shirley St. Wintthrop, Mass.*Date of Death *Sept 27th 1909* Age *—* years *2* months *17* days

STATISTICAL DETAILS

SEX *M* COLOR *W* SINGLE, -MARRIED,
WIDOWED, -OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 20* 1909 to *Sept 27* 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Malnutrition

(DURATION) DAYS

Contributory:

Deaerth

(DURATION) DAYS

(Signed)

H. J. Davis

M.D.

Sept 27 1909 (Address) *Wintthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190.....

Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

107

William Flanagan

Sept 27-'09

RETURN OF A DEATH

FULL NAME John A. Arnall Registered No.Place of Death * 532 Shirley St Winthrop MassDate of Death Oct 2 1909 Age 68 years 2 months 11 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1st 1909 to Oct 2 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Pulmonary Oedema(DURATION) 2 DAYSContributory: Nephritis(DURATION) indef DAYS(Signed) W. J. Reed M.D.Oct 4 1909 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Hue. G. Arnold

Oct 2-1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mar C. Manning* Registered No. _____
 Place of Death *Spindrop, Mass.* Date of Death *Oct 3rd* 190*9*
 Residence *42 Belcher St.* Age *25* years *4* months *11* days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>SINGLE</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>East Boston</i>		
NAME OF FATHER <i>Thomas</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Mar C. McHugh</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Stenographer</i>		
INFORMANT § <i>Father and Mother</i>		

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 28* 190*9*, to *Oct 3rd* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Typhoid Fever*

(DURATION) *6* DAYS
 Contributory: *Valvular Disease of Heart*

(Signed) *Augustus L. Callahan* M.D.
Oct 4 190*9* (Address) *9 Brimton St. E.B.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190 _____

Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>St. Mary's Conv. Malden</i>	DATE OF BURIAL <i>Oct 5th</i> 190 <i>9</i>
UNDERTAKER <i>Frank S. Maloney</i>	ADDRESS <i>350 Spindrop St. Spindrop</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

106

Mary L. Manning
Oct 3 - 1909

RETURN OF A DEATH

FULL NAME Louise S. B. Brown Registered No. _____Place of Death * 70 Sagamore Ave.Date of Death Oct. 6, 1909. Age 73 years _____ months 13 days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED,
WIDOWED, OR
DIVORCEDMAIDEN NAME † Louise S. B. Rolfe,HUSBAND'S NAME † Wm. C. Brown.BIRTHPLACE ‡ Portland, Me.NAME OF FATHER Jacob Rolfe,BIRTHPLACE OF FATHER ‡ Bridgport, Ct.MAIDEN NAME OF MOTHER Emily Runk.BIRTHPLACE OF MOTHER ‡ Portland, Me.OCCUPATION At home.INFORMANT § Mrs. S. Floyd.PLACE OF BURIAL OR REMOVAL || Hoburn Cem. DATE OF BURIAL Oct. 9, 1909.UNDERTAKER Wm. C. Shaggs.ADDRESS 88 Hermon St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190.... to _____ 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart Disease (probably)
Found dead in chair

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) Albert B. Downan M.D.Oct. 6th 1909. (Address) Waltham, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

108

Catherine Lasey

Oct 10 '09

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Oct. 11, 1909. 19 ..Name in full, William B. Gardner

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 71 Years, 11 Months, 24 Days. Occupation, RetiredResidence, * 4 Pleasant Street, Winthrop. Ward, ..Place of Death, 4 Pleasant Street, Winthrop.
(State year, month and day.)Place of Birth, Medford, Mass: Date of Birth, Oct. 18, 1837Name and Birthplace } Joseph Gardner-----Watertown, Mass:
of Father, }Maiden Name and } Ruth Jenkins-----Scituate, Mass:
Birthplace of Mother, }Place of Interment, Woodlawn Cemetery, Everett.

* If an institution, state how long an inmate and previous residence.

E. J. Brown
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, October 12, 1909.
Name and Age } William B. Gardner Age, 71 years.
of Deceased, }I hereby certify that I attended deceased from Oct. 8, 1909, to October 10th
1909, that I last saw him alive on the 10th day of October 1909,
that he died on the 11th day of October 1909, about 3 o'clockA.M. or P.M., and that, to the best of my knowledge and belief, the cause of his death
was as follows:Disease { Chief cause, Disease of the prostate gland
Contributing cause, Dysuria of the bladder and kidneys
Duration { Chief Cause, Several years
Contributing cause, incurableW. F. Campbell M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? If so, state fully, as this return in itself is practically worthless as a compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, state exactly in this form. Did it follow scarlet fever, diphtheria, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, or days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident or injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some exogenous agent? Was it auto-intoxication, due to poison absorbed in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? The nature of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being more or less than typhoid fever.

Winthrop

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Oct 16 1909
Name in full, Caroline T. McGlinchy
Henderson
(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 50 Years, _____ Months, _____ Days. Occupation, Music Teacher

Residence, * 16 Lewis Ave Winthrop Mass

Place of Death, 16 Lewis Ave (State year, month and day.)

Place of Birth, Liverpool Eng Date of Birth, Sept 9 1859

Name and Birthplace of Father, William Scotland

Maiden Name and Birthplace of Mother, Maria Ireland

Place of Interment, Calvary Cemetery Boston

* If an institution, state how long an inmate and previous residence. Winthrop & Read & Co
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct 17 1909.

Name and Age of Deceased, Caroline T. McGlinchy Age, 50 years.

I hereby certify that I attended deceased from July 8 1909, to Oct. 15 1909, that I last saw her alive on the sixteenth day of Oct 1909 that she died on the sixteenth day of Oct 1909, about _____ o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Carcinoma of Spleen
Contributing cause, _____

Duration { Chief Cause, four months
Contributing cause, _____

Edward J. Trauger M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully, as this return in itself is practically worthless for compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar-pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

RETURN OF A DEATH

FULL NAME Mary E. Bonvie Registered No. 649
 Place of Death * Metcalf Hospital
 Date of Death Oct 24th 1909 Age 26 years months days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

New France N.S.

NAME OF FATHER

Edward Bonvie

BIRTHPLACE OF FATHER ‡

New France N.S.

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡

"

OCCUPATION

INFORMANT §

Mrs. Cowan

PLACE OF BURIAL OR REMOVAL ||

Mt. Benedict

DATE OF BURIAL

Oct 26 1909

UNDERTAKER

Thos. J. Lane

ADDRESS

120 Haver St.
E. Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1909 to Oct 24 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gallstones

Contributory: operation exhaustion (DURATION) one year DAYS

(Signed) B. Paulson (DURATION) 2 DAYS M.D.

Oct 25 1909 (Address) Worcester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence House work How long at 2 mos Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Marion Sabin

Oct 25, 1909

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Registered No.

Place of
Death*Date of
Death

Residence

Age

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX

COLOR

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

I HEREBY CERTIFY that I attended deceased during last
illness, from Oct 29 1909 to 1909.that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

Oct 30 1909 (Address) 170 W. 1st St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients,
or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted,
if not at place of death?

Filed

1909 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESI-
DENCE, give facts called for under "Special Information." If in a Hospital or
Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL OUT WITH INK. - THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

113

marks

Oct 29 - 1909,

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *Nov. 10th* 190*9*.Name in full, *George Lounsbrough*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M* Color, *W* Condition, *M*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *59* Years, *11* Months, *9* Days. Occupation, *Carpenter & Builder*Residence, *226 - Main St.* Ward, *Winthrop*Place of Death, *226 Main St. Winthrop*

(State year, month and day.)

Place of Birth, *Dorchester P. 2.* Date of Birth, *Dec. 1st 1840.*Name and Birthplace of Father, *James England*Maiden Name and Birthplace of Mother, *Sarah Duck England*Place of Interment, *Woodlawn Cem. Everett Mass.**C. S. Brown.*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Nov 10th* 190*9*.Name and Age of Deceased, *George Lounsbrough* Age, *59* years.I hereby certify that I attended deceased from *Nov 5th* 190*9*, to *Nov 10th*190*9*, that I last saw *him* alive on the *10th* day of *Nov* 190*9*,that *he* died on the *10th* day of *Nov* 190*9*, about *4 30 am* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Pneumonia*
Contributing cause,Duration { Chief Cause, *7 days*
Contributing cause,*B. Mulcahy*

M. D.

George Darnley
Nov 10-1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Charles Hastings Phillips* Registered No. _____
 Place of Death* } *133 Cliff ave* Date of Death } *Nov 10* 190*9*
 Residence *Winthrop* Age *66* years *10* months *20* days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
MAIDEN NAME†		
HUSBAND'S NAME †		
BIRTHPLACE‡ <i>London England</i>		
NAME OF FATHER <i>Joseph</i>		
BIRTHPLACE OF FATHER‡ <i>London England</i>		
MAIDEN NAME OF MOTHER <i>Marguerite Moore</i>		
BIRTHPLACE OF MOTHER‡ <i>London Eng</i>		
OCCUPATION <i>Glor mfg</i>		
INFORMANT § <i>Wife</i>		
PLACE OF BURIAL OR REMOVAL <i>Winthrop Cemetery</i>		DATE OF BURIAL <i>Nov 12</i> 190 <i>9</i>
UNDERTAKER <i>C R Bennisson</i>		ADDRESS <i>Winthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 15* 190*9* to *Nov 10* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cancer of Prostate Gland & Bladder*
one year + (DURATION).....DAYS

Contributory: (DURATION).....DAYS

(Signed) *H. E. Bragdon* M.D.
Nov 10 190*9* (Address) *76 Central Sq East Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If In a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

115

Charles Hastings Phillips

Nov 10 '09

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Cecil Earl Waldron Registered No. _____
 Place of Death * 56 Lincoln Street Winthrop Date of Death Nov 11 190 9
 Residence 56 Lincoln Street Age 22 years 3 months 23 days

STATISTICAL DETAILS

SEX male COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCED single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Madison Maine

NAME OF FATHER

Orance E. Waldron

BIRTHPLACE OF FATHER ‡

Hartland Maine

MAIDEN NAME OF MOTHER

Mary Withers

BIRTHPLACE OF MOTHER ‡

Harmory Maine

OCCUPATION

Chauffer

INFORMANT §

Orance E. Waldron

PLACE OF BURIAL OR REMOVAL ||

Forest Hills Malden

DATE OF BURIAL

Nov 14 1909

UNDERTAKER

ADDRESS

J. E. H. Mason & Co. Everett Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1 Novem 1909 to 11 Nov 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: myelogenous Leukemia

(DURATION) DAYS

Contributory: Hemorrhages out.

(DURATION) DAYS

(Signed) J. E. Hagenburger M.D.Nov 11 1909 (Address) 110 Tremont St. Boston Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

116

Cecil Carl Waldron

Nov 11-09

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Messie Morgan* Registered No. _____
 Place of Death* *#54 Shirley Street* Date of Death *Nov 18* 190*9*
 Residence *Winthrop Mass* Age *32* years *1* months *27* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>New Brighton - Chestnut</i> <i>Eng</i>		
NAME OF FATHER <i>Thomas</i>		
BIRTHPLACE OF FATHER ‡ <i>South Wales Eng</i>		
MAIDEN NAME OF MOTHER <i>Mary Jane Hughes</i>		
BIRTHPLACE OF MOTHER ‡ <i>New Brighton - Chestnut</i> <i>Eng</i>		
OCCUPATION _____		
INFORMANT § <i>Mother Mary Jane Morgan</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct* 190*9* to *Nov 18* 190*9* that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

Contributory: _____

(Signed) *B. H. Metcalf* M.D.

Nov 20 190*9* (Address) *74 W. 4th St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190*9* _____

Clerk

PLACE OF BURIAL OR REMOVAL ‖ *Winthrop* DATE OF BURIAL *Nov 28* 190*9*

UNDERTAKER *Chas Robinson* ADDRESS *Winthrop Mass*

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

117

Minnie Morgan
Nov-18-1909

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Bennett Registered No. _____
 Place of Death* } Metcalfe Hospital Date of Death } Nov 24 1909
 Residence Still Born Age X years X months X days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Metcalfe Hospital</u>		
NAME OF FATHER <u>Rudolph Bennett</u>		
BIRTHPLACE OF FATHER ‡ <u>Croft. N. H.</u>		
MAIDEN NAME OF MOTHER <u>Sarah E Ford</u>		
BIRTHPLACE OF MOTHER ‡ <u>Hopkinton, Mass</u>		
OCCUPATION		
INFORMANT § <u>Sarah E. Ford</u> <u>mother</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 23 1909 to Nov 23 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still Born Premature

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) 311 Main St M.D.

Nov 27 1909 (Address) Waltham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

* Filed _____

190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL <u>Waltham Cemetery</u>	DATE OF BURIAL <u>Nov 27</u> 190 <u>9</u>
UNDERTAKER <u>C. R. Bennett</u>	ADDRESS <u>Waltham</u>

ALL NAMES TO BE IN FULL

117

Minnie Morgan
Nov - 18 - 1909

118

Bennett

Nov 24, 1909.

RETURN OF A DEATH

FULL NAME Catherine Ann Hardie Registered No.Place of Death * 101 Summit Ave Wintthrop MassDate of Death Dec. 5 1909 Age 77 years 8 months 9 days

STATISTICAL DETAILS

SEX F COLOR CC SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME † StiltonHUSBAND'S NAME † Geo. HardieBIRTHPLACE ‡ EnglandNAME OF FATHER Capt Edward HastieBIRTHPLACE OF FATHER ‡ England.MAIDEN NAME OF MOTHER BoltonBIRTHPLACE OF MOTHER ‡ England.OCCUPATION At HomeINFORMANT § Mrs. S. FloydPLACE OF BURIAL OR REMOVAL † Wintthrop Cem DATE OF BURIAL 12-7-1909UNDERTAKER H. C. Skaggs ADDRESS 2 Hermon St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 25 1909 to Dec. 5 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Jaundice (DURATION) 8 DAYSContributory: Senility (DURATION) DAYS(Signed) W. J. Porter M.D. Dec. 5 1909 (Address) Wintthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed 190.... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

118

Bennett

Nov 24, 1909.

RETURN OF A DEATH

FULL NAME *Catherine Ann Hardie* Registered No.Place of Death * *101 Summit Ave Wintthrop Mass*Date of Death *Dec. 5 1909* Age *77* years *8* months *9* days

STATISTICAL DETAILS

SEX *F* COLOR *CC* SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME † *Spilston*HUSBAND'S NAME † *Geo. Hardie*

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov. 25* 1909 to *Dec. 5* 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

Dec. 5, 1909. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death ? Days

Where was disease contracted, If not at place of death ?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

119

Catherine Ann Hardie

Dec - 5 - 1909

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John Morgan Registered No. _____
 Place of Death * 132 Union St Winthrop Mass
 Date of Death Dec 9. 1909 Age 29 years _____ months _____ days

STATISTICAL DETAILS

SEX <u>M</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Winthrop, Mass.</u>		
NAME OF FATHER <u>William Morgan</u>		
BIRTHPLACE OF FATHER ‡ <u>England.</u>		
MAIDEN NAME OF MOTHER <u>Ellen Maloney</u>		
BIRTHPLACE OF MOTHER ‡ <u>Ireland.</u>		
OCCUPATION <u></u>		
INFORMANT § <u></u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 9 1909 to Dec 9 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fatty degeneration of Heart

(DURATION) 2 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. H. Meloy M. D.
Dec 10 1909 (Address) 174 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

1909

Clerk

PLACE OF BURIAL OR REMOVAL <u>Holy Cross Cem</u>	DATE OF BURIAL <u>Dec 12 1909</u>
UNDERTAKER <u>H. C. Skaggs</u>	ADDRESS <u>68 Union</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

120

John Morgan
Dec-9-1909

CITY OF
BOSTON.**RETURN OF A DEATH—1909.**

10304

FULL NAME Hugh Trainer Registered No.Place of Death { Boston }
and Residence { Infants Hospt. }Date of Death Dec. 10 1909. Age years 1 months days.**STATISTICAL DETAILS.**SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name

Husband's Name

Birthplace WinthropName of Father Thomas TrainerBirthplace of Father E. BostonMaiden Name of Mother Annie MurphyBirthplace of Mother WinthropOccupation -----

Informant

Place of Burial or removal Malden "Holy Cross"Undertaker F S Maloney**PHYSICIAN'S CERTIFICATE.**

I HEREBY CERTIFY that I attended deceased during last illness, from 1909, to 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: { Spina Bifida - congenital }
(Duration)Contributory: {
(Duration)(Signed) J S Stone M.D.Dec. 10 1909

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop (229 Shirley st,Filed Dec. 14 1909

A true copy.

Attest:

EWM Glenon

Registrar.

High Friction

Dec - 10 - 1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Mary Emma Lindsay* Registered No. _____
 Place of Death* } *287 Shirley St* Date of Death } *Dec 13* 190*9*
 Residence *Winthrop Mass* Age *—* years *4* months *28* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>white</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>—</i>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <i>Winthrop Mass</i>		
NAME OF FATHER <i>Richard Henry Lindsay</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston - Mass</i>		
MAIDEN NAME OF MOTHER <i>Mable Augusta Hilchey</i>		
BIRTHPLACE OF MOTHER ‡ <i>Tangier N. S.</i>		
OCCUPATION _____		
INFORMANT § <i>Richard Henry Lindsay</i>		

PLACE OF BURIAL OR REMOVAL ‖ <i>Winthrop Cemetery</i>	DATE OF BURIAL <i>Dec 14</i> 190 <i>9</i>
UNDERTAKER <i>C. R. Burman</i>	ADDRESS <i>Winthrop</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 11* 190*9* to *Dec 13* 190*9*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cardiac Disintegration*

(DURATION) *2* DAYS

Contributory: *Grippe*

(DURATION) *4* DAYS

(Signed) *H. J. Porter* M.D.

Dec 13 190*9* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death ? _____ years _____ months _____ days

Where was disease contracted, If not at place of death ? _____

Filed _____

_____ 190*9* Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

121

Mary Emma Lindsay

Dec. 13-1909

RETURN OF A DEATH

FULL NAME Kate Wade Talbot Registered No. 1389
 Place of Death * 31 Villa Ave.
 Date of Death Dec 13, 1909 Age 60 years months days

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † Kate Wade

HUSBAND'S NAME † Frederick Oscar Talbot

BIRTHPLACE ‡ Machias Port. Me.

NAME OF FATHER Henry Wade

BIRTHPLACE OF FATHER ‡ Machias Port. Me.

MAIDEN NAME OF MOTHER Mary Foster

BIRTHPLACE OF MOTHER ‡ East Port. Me.

OCCUPATION Housewife

INFORMANT § Dr. Dorman

PLACE OF BURIAL OR REMOVAL || East Machias Me. 190

UNDERTAKER H.C. Skaggs ADDRESS 2 Hancock

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 21, 1909 to Dec 13, 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Melancholia
 (DURATION) DAYS

Contributory:
 (DURATION) DAYS

(Signed) Albert B. Dorman M.D.
Dec. 13, 1909 (Address) Winnthrop, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence E. Machias, Me. How long at Place of Death? 2 yrs.

Where was disease contracted, If not at place of death? E. Machias, Me.

Filed
 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

122

Kate Wade Talbot

Dec-13-1909

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)FULL NAME Caroline L. Boswell Registered No.Place of Death } Bath Harbor off Winthrop Great Head Date of Death } Dec 16 190 9Residence 74 Lowell St. Somerville Age 60 ⁶⁴ years 18 months 18 days

STATISTICAL DETAILS

SEX Female COLOR white SINGLE, MARRIED, WIDOWED, OR DIVORCEDMAIDEN NAME † Caroline L. Boswell

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Drowning, Suicidal.

(DURATION)..... DAYS

Contributory:

(DURATION)..... DAYS

(Signed) George Burger Magnith M.D.190 (Address) Med. Ex. Am. Suffolk Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years..... months..... days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Caroline L. Roswell

Dec 16-1909.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

REVERE.

(CITY OR TOWN.)

FULL NAME William E. Pagan Registered No. 1
 Place of Death 67 North St. W. 1 Date of Death Dec 15 1909
 Residence Wintthrop Age 80 years 1 months 1 days

STATISTICAL DETAILS

SEX <u>male</u>	COLOR <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Portland Maine</u>		
NAME OF FATHER <u>Nathaniel J. Pagan</u>		
BIRTHPLACE OF FATHER ‡ <u>Portland Maine</u>		
MAIDEN NAME OF MOTHER <u>Harriet S. Bailey</u>		
BIRTHPLACE OF MOTHER ‡ <u>Wentworth Maine</u>		
OCCUPATION <u>Widow</u>		
INFORMANT § <u>Lillian Pagan</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from about July 1909 to Dec 15 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of abdominal wall.
about 18 months (DURATION) DAYS

Contributory: X (DURATION) DAYS

(Signed) O. G. Golan M.D.
Dec 17 1909 (Address) Wintthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed 190..... Clerk

PLACE OF BURIAL OR REMOVAL <u>Edison</u>	DATE OF BURIAL <u>Dec 17</u> 190 <u>9</u>
UNDERTAKER <u>F. J. ...</u>	ADDRESS <u>...</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

124

William H. Ingraham.

Dec 16-1909

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, December 22nd, 1909.Name in full, Carl Tacke.

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male. Color, White. Condition, Married.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 28 Years, 11 Months, 23 Days. Occupation, Soldier (Cpl. 7. Co. 1. A. C.).Residence, * U. S. Army, Fort Banks, Mass. Ward,Place of Death, Post Hospital, Fort Banks, Mass.

(State year, month and day.)

Place of Birth, New Haven, Conn. Date of Birth, Dec. 29, 1880.Name and Birthplace } Unknown.
of Father, }Maiden Name and } Unknown.
Birthplace of Mother, }Place of Interment, Winthrop Cemetery

* If an institution, state how long an inmate and previous residence.

H. C. Skaggs

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Fort Banks, Mass., Dec. 22nd, 1909
Boston,Name and Age } Carl Tacke, Corporal, 7. Co., C. A. C., Age, 28 years.
of Deceased, }I hereby certify that I attended deceased from Dec. 19th, 1909, to Dec. 22nd,1909, that I last saw him alive on the 22nd day of December, 1909,that he died on the 22nd day of December, 1909, about 10.20 o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:Disease { Chief cause, Aortic Insufficiency,
Contributing cause, Dilatation of the Heart.Duration { Chief Cause, See above.
Contributing cause, Unknown.Luke R. de L. 11111 M. D.

PHYSICIANS BEFORE STATING CAUSE OF DEATH ARE REQUESTED TO SEE THE OTHER SIDE OF THIS BLANK.

LIST OF INDEFINITE TERMS WHICH SHOULD BE AVOIDED IN GIVING CAUSES OF DEATH.

Acute gastritis.	State cause. Was it due to some irritant poison?	Infantile asthenia.	See "Asthenia." The term "infantile" adds no precision to an indefinite statement.
Ascites.	Name disease causing ascites. See "Dropsy."	Infantile atrophy.	See "Atrophy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? What disease caused this condition?	Malassimilation.	What disease caused the malassimilation?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?	Malnutrition.	What disease caused the malnutrition?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?	Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? Surely, as this return in itself is practically worthless compilation.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?	Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, was it exactly in this form. Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state nature of the violence which caused the meningitis? Was it tuberculous meningitis?
Chronic pneumonia.	Was this not pulmonary tuberculosis?	Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Congestion of lungs.	Was it acute bronchitis, broncho-pneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.	Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease which the old person succumbed.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.	Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.	Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.	Pneumonia.	Specify definitely whether broncho-pneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Dropsy.	Name the disease in which the "dropsy" occurred.	Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Dyspepsia.	Was there organic disease of the stomach or other organs? If so, name the disease causing death.	Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?	Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Edema of lungs.	Give cause. See "Congestion of lungs."	Senile decay.	See "Old age." State disease causing death.
Gastric fever.	A worthless return. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?	Senile decline.	See "Old age." Name the disease, if any, that caused the decline.
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or paretic dementia, and the statement of the fact of insanity should always be included.	Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Heart failure.	What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.	Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease requiring the operation.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail.	Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.	Surgical shock.	
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.	Teething.	Name the disease affecting the teething child. See "Dentition."
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.	Toxemia.	Was this acute or chronic poisoning due to some external agent? Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the nature of the disease.
		Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
		Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
		Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
		Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
		Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.

CITY OF
BOSTON.

RETURN OF A DEATH—1909.

FULL NAME James C Stover Registered No. 10945
Place of Death } Boston City Hospt
and Residence }
Date of Death Dec.29 1909. Age 69 years 8 months 3 days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. M

Maiden Name.....

Husband's Name.....

Birthplace Harrison MeName of Father Daniel StoverBirthplace of Father Limerick, Me.Maiden Name of Mother Betsy ClarkBirthplace of Mother Naples, Me.Occupation Engineer (Locomotive)

Informant.....

Place of Burial or removal Winthrop "Winthrop Cem"Undertaker C R Bennison
Winthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1909, to 1909,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Primary } Pneumonia, Frac. Femur, accidental
(Duration) } fall

Contributory : }
(Duration) }

(Signed) G B Magrath, Med. Ex M.D.

..... 1909
SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop

Filed Jan. 1, 1910 1909.

A true copy.
Attest:

E. W. M. Glenen

Registrar.

Mitchell Bromberg
Dec. 31-1902

Wentworth
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Sarah E. Bennett Registered No. _____
 Place of Death* } Metcalf Hospital Date of Death } Dec 31 1909
 Residence 60 Sea View Ave Age 36 years. 7 months. 20 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † <u>Ford</u>		
HUSBAND'S NAME † <u>Rudolph</u>		
BIRTHPLACE ‡ <u>Hopkinton Mass</u>		
NAME OF FATHER <u>Francis Ford</u>		
BIRTHPLACE OF FATHER ‡ <u>Worcester R.I.</u>		
MAIDEN NAME OF MOTHER <u>May E. Granger</u>		
BIRTHPLACE OF MOTHER ‡ <u>Franklin Mass</u>		
OCCUPATION <u>Housewife</u>		
INFORMANT § <u>Husband</u>		
PLACE OF BURIAL OR REMOVAL <u>Wentworth</u>		DATE OF BURIAL <u>1/3</u> 190 <u>0</u>
UNDERTAKER <u>C.R. Burrows</u>		ADDRESS <u>Wentworth</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 25 1909 to Dec 31 1909, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: new monia

(DURATION) 7 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) 310 Metcalf M.D.

Dec 31 1909 (Address) Wentworth

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years. _____ months. _____ days

Where was disease contracted, If not at place of death? _____

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

126

Sarah E. Bennett

Dec-31-'09



